Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06635

CERTIFICATE OF DEATH

06621

		LACE OF DEATH	ederick			2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)  o. STATE Maryland b. COUNTY Frederick							
	b	write RURAL_qno	If outside corporate limit delive nearest town)	S,	C LENGTH OF STAY	- meaning	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick						
	0	. NAME OF HOSPIT	d. STREET ADDRESS e. IS RESIDENCE										
79		DOA Fr	ederick Me	morial	Hospital	308	East	Third St	reet	ON A F	NO X		
	[	NAME OF DECEASED Type or print)	MILTO	rst N	EDWARD		AKERS	4. DAT OF DEA	MAY	1	= 14	67	
1	S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years	Months I	YEAR IF UNDER	Min.	
	N	la1e	White	WIDOWED	DIVORCED		Nov. 15, 1	0881	86 yrs.	MODIUS	0013	mini-	
	duri	Retired	(Give kind of work done life, even if refired) Carpenter	_ IN	IND OF BUSINESS OR IDUSTRY One			Cou	rforeign country) nty, Mary	12. CITI	ZEN OF WHAT		
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN		D - 7				
			Akers			1 12 4	Mary Cath	ierin			***		
	Yes	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO. 17-10-0653		NFORMANT Edward M.	Aker	s 406 De		Free Rd. Mar	d. vland	
		Conditions, if ony rise to immediat stoting the under lost.	e couse (o), (	(b) GB	<u>veracize</u>		ARTERIOS	SCLE	RU S/ S		10 m in 0		
2	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS (				HE TERMINAL DISEASE CO				19. WAS AUT PERFORM YES	OPSY ED? NO 🔀	
	L CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	ESCRIBE HOW INJURY O	CCURRED	(Enter noture of injury in	Port I or	Part II of item 18.)				
	MEDICAL	20c TIME OF INJU Hour o.r p.i	10	20d 11 While at wor			CE OF INJURY (Home, for ary, street, affice bldg., etc		f. (City or town)	(Cour	nty)	(State)	
			fy that (1) (this hose eceased alive an_				t death occurred a	19_6/			27 tha (1) ( e date state		
		22a. SIGNATURE	hand C	Kein	uld,	M.I	7	MED. DIRECTOR	STAFF PHYS.		y 16, 1	967	
		22c. PHYSICIAN'S NAME (Type	Dr. Richa		Reynolds	M.D	22d ADDRESS 804 Toll	I Hou	se Avenue	Fred	erick.	Md.	
2		BURIAL, CREMATIO			Mourit 01:		Cemetery	Fr	LOCATION (City or To ederick,	Maryla	nd	itate)	
M	100	EUNERAL DIRECTO	The state of the state of	Son	Frederic	k, Ma	aryland 250. REC	ARY G	奖党 1967	EGISTRAR'S SI	GNATURE S	402.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon, papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in one every. Within 72 hours after death VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

The state of the where the same of A SURE COUNTY WATER A CONTRACTOR OF THE PARTY OF TH and the property of the second continues of the property of Control of the same

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06636

CERTIFICATE OF DEATH

06622

1.	PLACE OF DEATH	1				Where deceased lived, if insti	OBSTITUT				
1	p. counts HY	ederick		MARYLAND	o. STATE Maryl		rre	derick			
)	b. CITY OR TOWN (I	f outside corporate limit	5,	c. LENGTH OF STAY IN 1b		tside corporote limits, write	RURAL ond give	nearest town)			
	Fr	ederick		years	Frede	rick		161			
		AL OR INSTITUTION (If no		give street address)	d. STREET ADDRESS	alamama Band		e. IS RESIDENCE ON A FARM?			
0	41	3 Delaware	Road		413 0	elaware Road		YES NO 🔼			
3.	NAME OF DECEASED (Type or print)	EVELYN	rs1	VIRGINIA	ALEXANDER	4. DATE M OF Ma		16, Year			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months	Dovs Hours Min.			
13	Female	White	WIDOWED	DIVORCED	Jan. 21, 19	ALZ					
10a	o. USUAL OCCUPATION	(Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY DIDE		& Stote, or foreign country)  County Md.		IZEN OF WHAT			
13	. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME					
	Emory B.	Lease			Estelle B	urrier					
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.		7. INFORMANT		dress	Fred.			
fx	NO No	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service 2	217-42-9455 M	r. Edwin M. A	lexander 413	Delawa	re Rd. Md.			
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Unglishing  The course of the course per line for (o), (b), and (c))										
	4201 DUE TO DUE TO DUE TO CONTRACT OF THE THE										
	Conditions, if any		(b)	rece-	eliralic h	last des.		aug 1966			
	rise to immediat		TO								
	lost.	)	(c)					<u> </u>			
28	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)  19. WAS AUTO PERFORMI						
ICATION	Alle	alules me	llition			21967	YES NO D				
CERTIFIC	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort 1 or Port 11 of item 18.)										
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. While Not While foctory, street, office bldg., etc.) (City or town) (County) (Stote)										
	21	21 Leastly that (I) (this harrital) attended the despected from 1963 taldless 1/2 1967 that (I) (we) last									
	saw the d	eceased alive an 1	3 mai	7 1962, and 1	hat death accurred at	645 P M, from cous	es and an t	he date stated above			
	22a SIGNATURE	saw the deceased alive an 13 may 1962, and that death accurred at \$\frac{45}{20}\$ M, from causes and an the date stated ab \\ \frac{22a}{210}\$ SIGNATURE  M.D. ATTENDING MED. STAFF   22b. DATE SIGNED   16 mean 1965   16 mean 1965   19									
	22c. PHYSICIAN'S		-	<i>'' () '</i>	22d. ADDRESS			1			
	NAME (Type	Dr. Charl	es H. (	Conley, Jr.	M.D. 228 N.	Market St. F	rederic	ek, Md.			
23	o. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City of	r Town)	(County) (State)			
	REMOVAL (Specify Buria)	5-20-1	967,	Mount Oliv	et Cemetery	Frederick	Mary	land			
1	24 FUNERAL DIRECTO	man 1 1 121 6	6410	ADDRESS			REGISTRAR'S S				
1	Robert E.	Dailey G	Son	Frederick,	MarylandaMA	12 1967	Clarel	on Judge.			

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comptetely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages A and director, page 3 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

within 72 hours after death completely filled in by the funeral street or papers. Pages I and event within 72 hours after dans

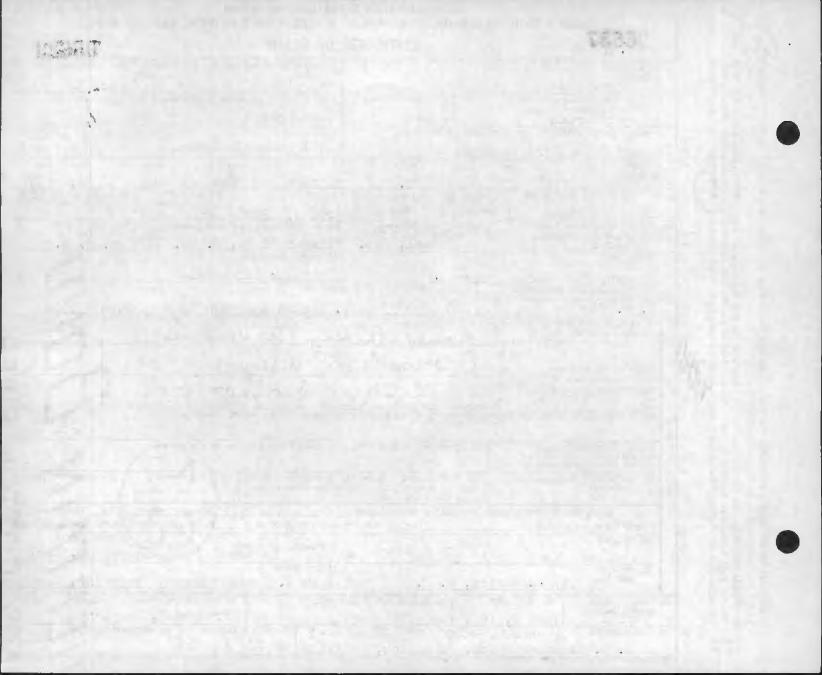
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 haurs after de

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and director, page 3 should be detached far use os the buriol-tronsit permit. Then pleose remishould be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in an

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospitol or ottending physician.

1				TANK AND A SECOND
1. PLACE OF DEATH				dence befare admission)
o. COUNTY Frederick	MADYLAND	9 STATE		ink
b. CITY OR TOWN (If outside corporate limits,	Frederick  MARYLAND  TOWN (if outside corporate limits, write RURAL and give necessary)  Frederick  Prederick  HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Ick Memorial Hospital  First  Modie  Last  ANDERSON  DEATH  ANDERSON  COLOR OR RACE  WIDDOWS  WIDDOWS  WIDDOWS  WIDDOWS  DIVORTO  MARKIED  DIVORTO  NEVER MARRIED  DIVORTO  DIVORTO  ANDERSON  DIVORTO  ANDERSON  DIVORTO  DIVORTO  ANDERSON  DIVORTO  ANDERSON  DIVORTO  DIVORTO  ANDERSON  DISTRIPLACE (Courty & Store, or fareign country)  MARKE  IL MINITERS MARDEN NAME  LI MINITERS MARDEN NAME  LI MINITERS MARDEN NAME  IL MINITERS MARDEN NAME  LI LILLE BELLE SALE  ANDERSON  SED VER NUS ARMED FORCES?  IL SERIMPLACE (Courty & Store, or fareign country)  MARKE  IL MOTHER MARDEN NAME  IL MOTHER MARDEN NAME  LI LILLE BELLE SALE  ANDERSON  SED VER NUS ARMED FORCES?  IL SERIMPLACE (Courty & Store, or fareign country)  MARKE  IL MOTHER MARDEN NAME  LI LILLE BELLE SALE  ANDERSON  AND HERE SCALE  ANDERSON  DIVERTOR  MARKED  AND HERE SCALE  ANDERSON  DIVERTOR  MARKED  AND HERE SCALE  ANDERSON  DIVERTOR  MARKED  AND HERE SCALE  AND HERE SCALE			
write RURAL and give nearest tawn)		,	101	/
			V	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (It not in t	iospital, give street address)		1 4	ON A FARM?
Frederick Memorial Hosp	oital	I/UL nosem	lont Avenue	YES NO X
3. NAME OF First DECEASED	Middle	Last		Day Year
(Type or print) PAUL	В.	ANDERSON	DEATH May	30, 1967
S. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		
Male White W	IDOWED DIVORCED	April 9, 190		s Days Hours Min,
10a. USUAL OCCUPATION (Give kind of work done				CITIZEN OF WHAT
during most of warking life, even if retired) Retired	INDUSTRY			U. S. A.
13. FATHER'S NAME	did bocci, lic.			0. 0. 0.
		-		
(Yes, na, or unknown) (If yes give war ar dates of serv	rice)		12-	
W. W. #1	220 07 3793 Mrs	s. Beulah An	iderson (Same as it	em # 2)
18. CAUSE OF DEATH (Enter only one cause pe	r line (ar (a), (b), and (c).)		1 ^	ONSET AND DEATH
	Basilar (h.	tery Jus	entros	UNSET AND DEATH
117700	0100	4.0	0	
Canditians, if any, which gave ) (b)	Chaterosclar	the (6.1)	ante	
rise to immediate cause (a), ( Due To	10 1	0 0 1	0	
stating the underlying cause	Cerebra	il arter	LUDGULDU	
- 0	BUTING TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BOTHOT KELATED TO	THE TERMINAL DISEASE CO.	ADTION OFFER IN FART I(a)	PERFORMED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CLOSUE OF DEATH OF EXTREM NOTICE MEDICAL EVANIMED	T	(m)	5 - 1 5 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES X NO
CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in	Part I at Part II at Item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur a.m.				(County) (State)
E p.m. 19		iory, street, office olug., etc.	/	
21. I certify that (1) (this haspital	) attended the deceased from		195 / ta 5-30 ,1	9.67, that (I) (we) last
	-30 19 6.7, and the	at death accurred at	8 5 M, fram causes and ar	
22a. SIGNATURE			22b	DATE SIGNED
D. Form	arka M			ay 30, 1967
22c PHYSICIAN'S		71110	1113.	
	in. M. D.	220 N. Ma	rket Street. Fred	rick. Larvlar
				(County) (State)
		Cemetery		
24. FUNERAL DIRECTOR Noulla	M, ADDRESS Fall			
M. R. Etchison & S	on. Frederick. Mar	TI BATE J	UN Z 1501	A Marie



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Jermiles by filled in by the fupered director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages A and should be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, within 72 haurs after deal. Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

06638		CERTIFIC	ATE	OF DEATH			066	24		
1. PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased lived,		ence before a	idmission)		
a COUNTY				a. STATE		b. COUNTY				
trederi	-1.30	MARYLAI			aryland		ederic	-1-		
<ul> <li>b CITY OR TOWN (If outside carporate write RURAL and give nearest town</li> </ul>		c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If out	side calparate limits,	write RURAL and g	ive nearest to	own)		
Frederick	7	Davs		tv	ederick		151			
d. NAME OF HOSPITAL OR INSTITUTION	Alf not in hasnital giv			d. STREET ADDRESS	ZUZI I CIC		e !	S RESIDENCE		
		e 311001 0001033j		1				ON A FARM?		
Frederick Memorial		-		K+ #	2	***	YES			
3, NAME OF DECEASED	First	Middle		Lost	4 DATE OF	Month	Doy	Year		
(Type or print) MV4. E	mma E	lizabeth	- 1	Sagent	DEATH	May	30	19 67		
S. SEX 6. COLOR OR RAC		NEVER MARRIED	T 8.	DATE OF BIRTH	9. AGE (In	years IF UNDE	R I YEAR   IF	UNDER 24 HRS.		
()				-1 100	lost bu		Days	Hours Min.		
TU	WIDOWED	DIVORCED [		5/15/98	67	yrs.				
10a. USUAL OCCUPATION (Give kind of work		OF BUSINESS OR		11. BIRTHPLACE (County &	& State, or foreign cour		CITIZEN OF W COUNTRY?	HAT.		
during-most of warking-life, even if retired)	INDU	JSTRY		Virdi	2:3		1)5	A.		
13. FATHER'S NAME			- 1	14. MOTHER'S MAIDENIN			0 0			
O )	17									
Clarence	Kemo			Florence	Shelton					
15. WAS DECEASED EVER IN U.S. ARMED FOI		CHAL SECURITY NO.	17. IN	FORMANT		Address Time	ederic	k, Md.		
(Yes, na, ar unknawn) (If yes give wor ar a	lates at service)			(1)	200 12 0			7119		
No			ILL'S	Gene Whip	) o C U C E o 1	III BUI		CAL DEFINITION		
18. CAUSE OF DEATH (Enter only of		a), (b), and (c))	0	1				AND DEATH		
PART I. DEATH WAS CAUSED BY		ullys	le	Myce	ema		1/2	- THE		
X 2 X	DUE TO			A			7.00			
Conditions, if any, which gave		/		V						
rise to immediate cause (a),	(b)						-			
stating the underlying cause	DUE TO									
lost.	(c)									
PART II. OTHER SIGNIFICANT CONDITI	ONE CONTRIBUTING TO	DEATH BUT NOT DELATE	D TO TH	E TEDMINAL DISEASE CON	DITION CIVEN IN PAR	T 1/o) -	119 W	AS AUTOPSY		
alnewayed	- 73		aset		The Contract	10-6	PE	RFORMED?		
E grandy	and chi	test specie	to the same	wares li	her Jaia	wy	YES	NO A		
2Dg. ACCIDENT WAS UNDERLYING	205 DESC	RIBE HOW INJURY OCCU	IRRED (EI	nter nature of injury in F	Part I or Part II of ite	m 18.)				
OR CONTRIBUTING CAUSE OF DEATH										
(IF EITHER, NOTIFY MEDICAL EXAMINER		Univ occupants I as	DIACE	OF INTERNATION (	001 /64	**************************************	Carried	154-4-1		
2 2Dc. TIME OF INJURY Month, Doy, Y	ear ZDG. INJ	URY OCCURRED 20		OF INJURY (Home, form, street, affice bldg., etc.)	, 2Df. (City or	rawn) (	County)	(State)		
p.m.	19 at wark		roctor	y, sneet, onice orage, etc. j						
21. I certify that (I) (this			am Ar	we 1	9 1965 to 416	in 30 10	67 that	(I) (week los		
saw the deceased alive of	in side in Z	10 / 7 an	d that	death occurred at	O.S. M. fram	enuses and an	the date	stated above		
	m nay 3	17 W Z , UII	Q IRIQI	dediti occorred dig	ar, right		DATE SIGNED	stated abaye		
220. SIGNATURE	7 119 1	2 /		ATTENDING -	MED. ST			1122		
NXI	1000	ere	M.D.			IYS. 0 m	ay 29	,1767		
22c. PHYSICIAN'S		NL S		22d ADDRESS			./			
NAME (Type) W.J.	Riddick,	M. D.		Frederick	chedical	Center				
<u></u>			NV 05 1-				16	(6)-4-1		
23o. BURIAL, CREMATION, 23b. DA REMOVAL (Specify)	TE THEREOF	23c. NAME OF CEMETER	KT UR CR	EMATUK?	23d. LOCATION (	city or town)	(County)	(State)		
Burial	3. 1967	Locky Spri	mes	Cemetery	Mr. Fr. d	erick.	rylan	nd		
24. FUNERAL DIRECTOR	10 1	ADDRESS 1	100		BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	andal.		
M. R. Etchise	on & Son	Francisco ale	TO.	TOTALE JU	IN 5 198	1 years	f con	0		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

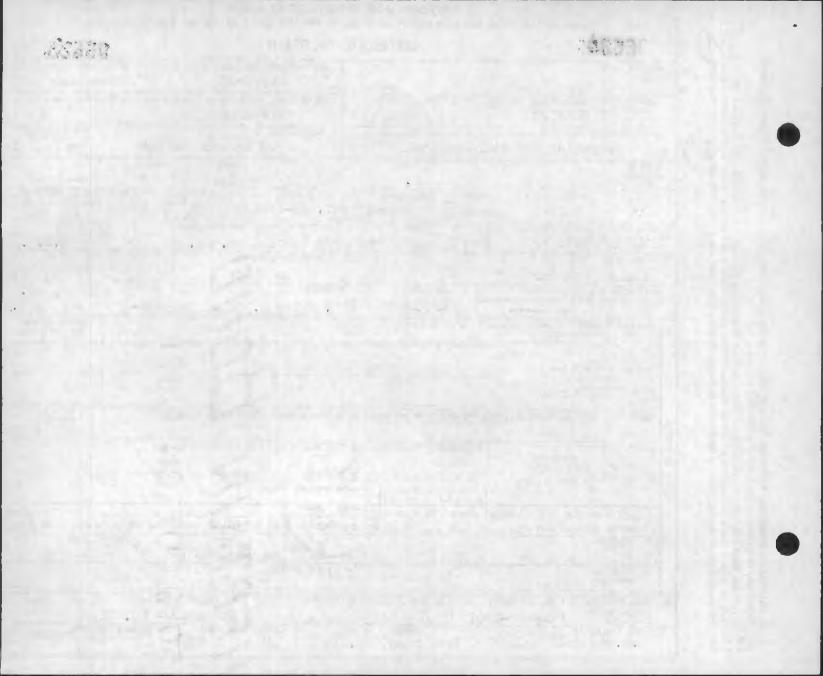
06625

	0000										
	ACE OF DEATH COUNTY	Frederick		MAR	YLAND	2 USUAL RESIDENCE (W	There decease land	ed lived, if institution b. COUNT		efare admiss	ian)
b.	CITY OR TOWN (	If autside carparate limits		C LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If aut	tside carpara	te limits, write RURA	L and give ne	arest tawn)	
	write RURAL po	d give negrest town)		years		Fred	lerick		100	- 7	
d	NAME OF HOSPIT	AL OR INSTITUTION (IF no	of in hasnital			d. STREET ADDRESS	-			e. IS RES	IDENCE
1, 1		derick Memo					Redwo	od Avenue		YES _	FARM?
	AME OF	Fi	rst	Middle		Last	4. DATE	Month			ear
	Ype or print)	Osu	w	R.		Blinisher	OF DEATH	May	2	3- 19	67
S. SE	ale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE  DIVORCE	-	DATE OF BIRTH 0ct. 25-1902		AGE (In years lest birthday) OLL yrs	Manths Da		ER 24 HRS. Min.
10a. L during	ISUAL OCCUPATION	(Give kind of work done life, even if retired) DEPATOR	1	IND OF BUSINESS OR NOUSTRY,		II. BIRTHPLACE (County Frederick			12. CITIZEI COUNT	N OF WHAT	5.A.
	ATHER'S NAME					14. MOTHER'S MAIDEN N	IAME	-			
	Samuel	Baugher				Rhoda	Fox				
(Yes,	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates of	f service)	social security no. 20-18-1122		NFORMANT 'S. Helen L.	Beal		-300Re		
1 5 1	Canditions, if any ise to immedial stating the underst.	re couse (a), PUE	TO (b) TO (c)	meleny		a Carr				7	121
ATION	PART II. OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PART I(a)		PERFORI	
E.S.		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY O	OCCURRED. (	Enter nature of injury in I	Part I ar Por	t II of item 1B.)			
MEDICAL	20c. TIME OF INJ Haur a.i p.i	10	Whit	INJURY OCCURRED  e Nat While rk otwork		E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(City or tawn)	(Caunty	)	(State)
		ify that (I) (this has eceased alive on_		1957	from ond that	death occurred at	95.50 R	o May 2-3	, 19_ <u></u> , ind on the	thot (I) dote stote	(we) los ed obove
	22a. SIGNATURE	hma c	8-	ine	M.C		MED. DIRECTOR	STAFF PHYS.	22b DATE	SIGNED 23	57
	22c. PHYSICIAN'S NAME (Type		9	576NE		22d ADDRESS	une	inh,	MID		
23a.	BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE TH May 26		Rocky Hi		metery	Woo	CATION (City or Towndsboro- M	d. 217	98	(State)
24.	FUNERAL DIRECTO		n 7.	ADDRESS 7	Md.2	1701 DATE MA	BY REGISTE Y 2 6	1967 25b. REG	STRAR'S SIEN	ATURE	100

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after deal VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physicion.



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06642 2 USUAL RESIDENCE (Where deceased lived, filinst totion. Residence before admission) . PLACE OF DEATH ... b COUNTY o. STATE a COUNTY \_ MARYLAND c CITY OR TOWN ( f autside corporate limits, write RURA, and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) Lisbon davs Frederick e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (I not a haspital give street address) YES NO F 3. NAME OF Middle 4 DATE First Lost DECEASED OF DEATH (Type or print) IF LINDER 24 HRS FUNDER 1 YEAR S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARR ED NEVER MARRIED remove last\_birthday) Months in day, W DOWED DIVORCED 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) 1Do USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR physician on please during most of working life, even if retired) INDUSTRY Margal and 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME remova Jesse Brandenburg 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) signed by the after buriol-transit perm buriol, cremation, a INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, fany which gave nse to immediate cause (a). DUE TO stoting the underlying cause os the prior to l last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN N PART I(a) DIRECTOR: After this certificate hange 3 should be detached for use lied with the State Dept. of Health | NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port I of item 1B) 20g ACC DENT WAS UNDERLY NG [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De PLACE OF INJURY (Home, form, (County) (Stote) 2Dd INJURY OCCURRED 201 (City or town) 2Dc. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg . etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 3 Milly 19/27, to Z director, page 3 should should be filed with the 1967, and that death occurred at 2.45 PM, from causes and an the date stated above. saw the deceased arive on 7 Millians 22b DATE SIGNED 220 SIGNATURE DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Tawn) 23c NAME OF CEMETERY OR CREMATORY (State) 23h DATE THEREOF (County) 23g BURIA... CREMATION REMOVAL (Specify) Eckendree Cemeterv 5/10/1-67 howard Co. . 25g, REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE **ADDRESS** FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

TO FUNERAL

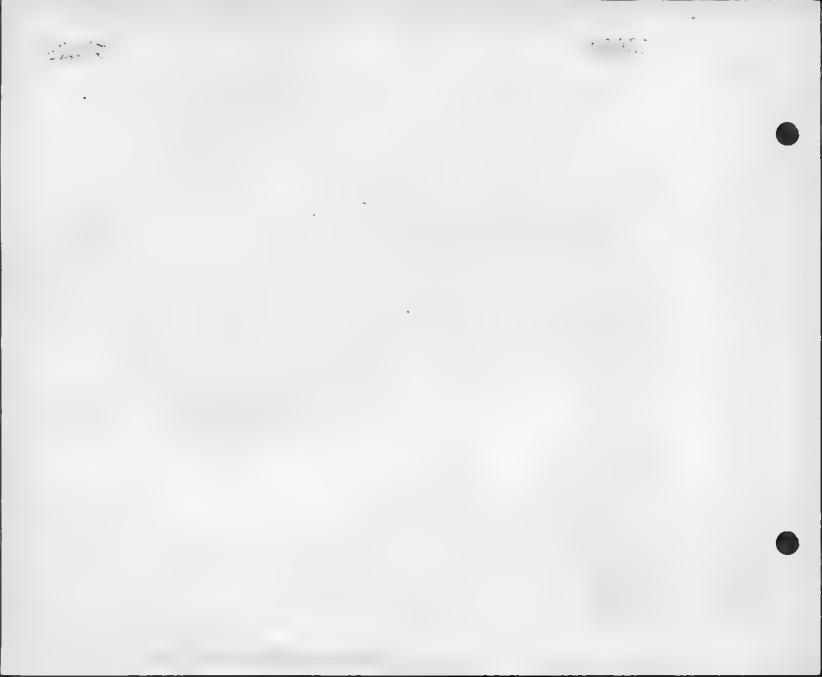
24 hours after death

executed

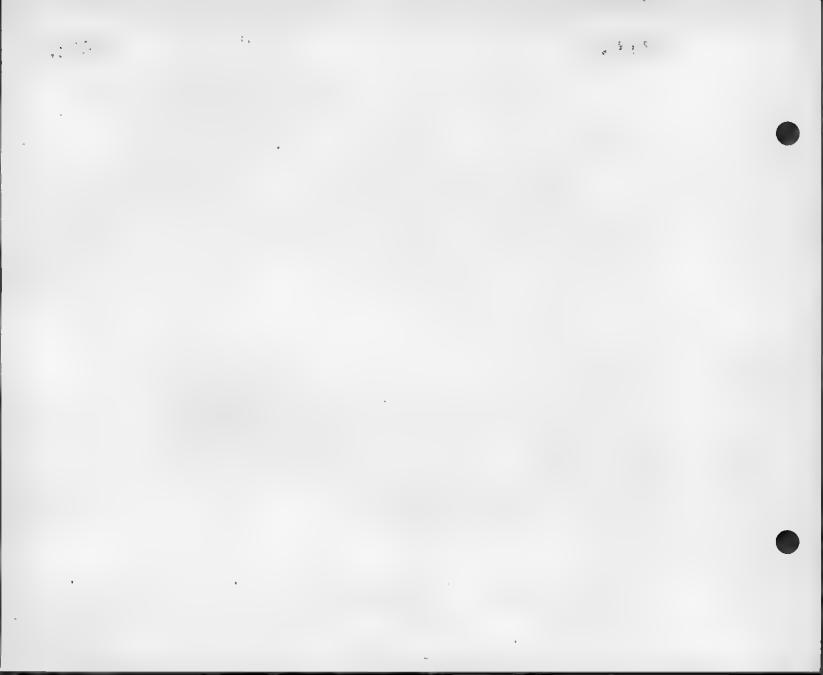
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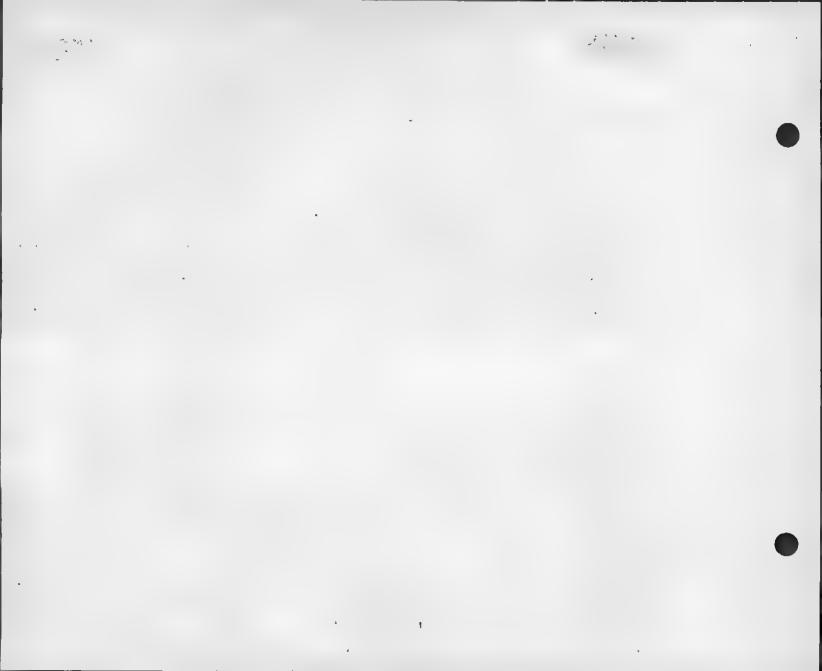
the hospital or ottending



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06643 CERTIFICATE OF DEATH executed within 24 haurs after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before, dmission) o. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN To c CITY OR TOWN (If outside corporate imits, write RURAL and give neafest town) with 72 hours o riverite R. RAL and a se nearest town) Thurmont weeks d STREET ADDRESS e IS RESIDENCE ON A FARM a NAME OF HOSPITA, OR NST TUTION (if not in hospital, give street oddress) etely fulled in E. Main St. Frederick Memorial Hospital NO X 3 NAME OF First M ddle 4 DATE DECEASED MAE BROWN May 19 67 Carl (Type or print) DEATH comp ( S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE ( n years 7 MARRIED NEVER MARR ED remove (Sest pirthdoy) Months Female WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be ease during most of working life, even if retired)
HOUSEWIIC Home Maryland 14 MOTHER'S MA DEN NAME 13 FATHER'S NAME or removal. Willard J.Wm. Fleet Arnsparger Nora IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of service) 211-36-2458 Paul R. Brown Thurmont. Md. RD NTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p buriol, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) ottending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse the rrto has been 0.5 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA Heolth p NO th s certificate by the hospital or ATTENDING PHYSICIAN: 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Port I or Port I of tem 8) 200 ACCIDENT WAS UNDER, YING I detoched for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. ( 20e PLACE OF NJURY (Home, form 20c TIME OF NOURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om foctory, street, office bidg etc.) Not Whe ot work ot work TO FUNERAL DIRECTOR: After be retained M, fram causes and an the date stated above saw the deceased alive on and that death accurred at 220. SIGNATURE 22b DATE & GNED 9 DIRECTOR PHYS director, poge should be filled 22d ADDRESS NAME (Type) 801 Toll House Ave. Frederick. Md. Jr. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION 23b DATE THEREOF Bur 181 Blue Ridge Cemeterv Thurmont Fred. Co. Md. 2Sb \_REG,STRAR'S SIGNAFURE **ADDRESS** ymond-Es Creager VR A15 (4) Thurmont, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ERTIFICATE OF DEATH 36644 2 USUAL RESIDENCE (Where deceased led, flinst tution Residence before admission) PLACE OF DEATH b COUNTY o COUNTY o STATE Trederick Frederick ..arv.l.and MARY, AND the death certificate be executed within 24 hours after c CTY OR TOWN ( f autside carporate limits, write RURA, and give nearest town) LENGTH OF STAY IN 1b. b CIY OR TOWN If autside corporate limits, popers. Pogi write RURAL and give nearest town) Rural - Frederick rederick e IS RESIDENCE ON A FARM? d STREET ADDRESS completely filled in nove carbon popers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, dive street address) Route 5 Frederick Memorial Hospital D NO [30] YES 4 DATE NAME OF Middle Lost Month Year First 3 OF DECEASED 67 DEATH (Type or print) here A AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH SEX 6 COLOR OR RACE NEVER MARRIED MARR ED remove birthday) Min Nov. 29-1889 White Female W DOWED DIVORCED and 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT IDo ... SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? pleose during most of working life, even if retired) U.S.A. Frederick Co. Ld. Letired-Youmenette 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME mary Catherine Nichols Charles Edwin Cole Address 21701 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Edward L. Knisell-Route 5- Frederick, . d. None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) signed by the buriol-fronst p buriol, cremotic the ONSET AND DEATH PART I DEATH WAS CAUSED BY intertinal requires that IMMEDIATE CAUSE (o) ottending physician DUE TO Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse the to TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO O HOSPITAL OR ATTENDING PHYSICIAN: far 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Iem 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) 20d INJURY OCCURRED TIME OF INJURY Month Doy, Year foctory, street, office bldg , etc.) Hour om Not While director, page 3 shauld be de should be filed with the State ot work of work 21. I certify that (1) (this haspita) attended the deceased from 27 APF11 1967 to 4 Maci 19/27, that (I) (we) last Page 4 may be retained 19/27, and that death accurred at 9 3/4 M, from causes and an the date stated above saw the deceased alive an\_ 22b DATE SIGNED -99a SIGNATURE M.D. PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN S Frederick Medical Center-Frederick-Ad. NAME (Type) Melvin E. Lea 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) 23a BUR AL CREMATION. REMOVAL (Specify) Mt. Aubron Cemetery Watertown-Mass. 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Whitmore 24 FUNERAL DIRECTOR VR A15 (4) ...R. Ltchison & Frederick, Ad. 21701 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician

VR A15 (4)5 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept of Health prior to burial, cremation, ar remaind, and in across years, within 72 hours director.

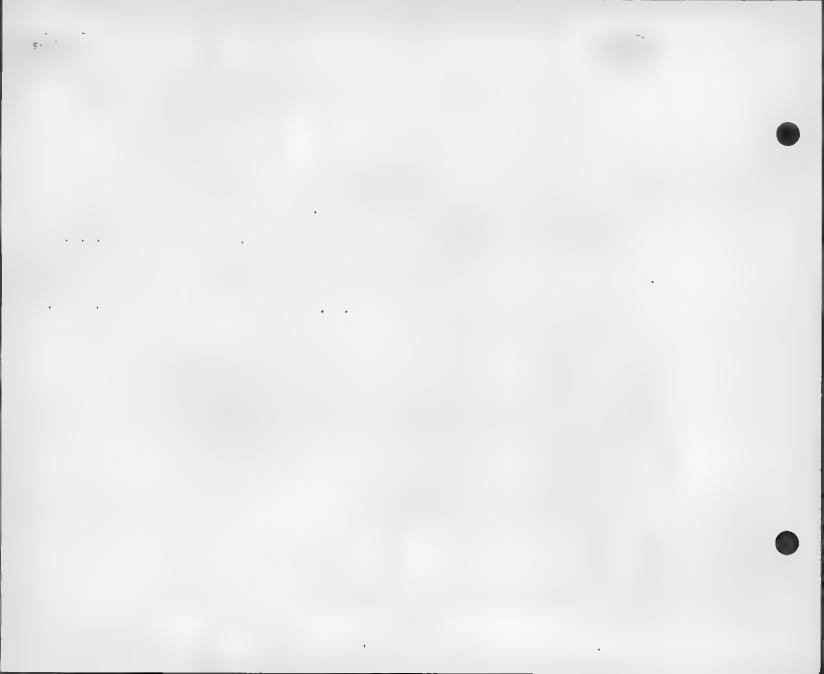
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DEATH O. COUNTY	Frederick		MARYLAN	D	2 USUAL RESIDENCE (V	land	Ъ (	COUNTY	Frede	erick	
write RURAL or	(if outside corparate limits, id give neorest town) al-TiJdlctorm		Years	2	c. CITY OR TOWN (If or Rura		dulctorn		and give ne	arest tawn)	
	TAL OR INSTITUTION (If not in	haspital, giv	ve street address)		d STREET ADDRESS	e 2				e IS RE ON A YES	SIDENCE FARM? NO 3
3 NAME OF DECEASED (Type or print)	First Orp	ha	Midd e Viola		Crampton	4 DAT OF DEA		Month 1,ay	_	1	Year 9 67
s sex Female		MARRIED [	NEVER MARRIED DIVORCED		DATE OF BIRTH	ļ.	9 AGE (In year last birthday	() N	F UNDER 1 YEA Months Da		S Min
during mast at working			D OF BUSINESS OR JSTRY 10		11 B RTHPLACE (County Frederick	Co.			12 CITIZEN COUNTI	OF WHAT	S.i.
13. FATHER'S NAME	C. Stine				14. MOTHER'S MAIDEN 1 Ada J.E		ng				
	ER IN U.S. ARMED FORCES? (If yes give war ar dates of se	rvice)	None		nformant rles F. Cra	Linto		ddress	.dallet	OV/T1	d.
	y, which gave (b), te cause (a), DILE TO	L33	erebro	Sc	Denior	rha -	ge			NTERVAL I ONSET ANI	ays
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OR CONTRIBUTING	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	205 DESC	CRIBE HOW INJURY OCCUI	RRED (	Enter nature of injury in	Port I or	Port 1 of item 18	)			
Haur o	m. 19	While at wark	Not While at work	focto	E OF INJURY (Home, form ony, street, office bldg., etc.		f (City or town	1)	(Yanua))	)	(State)
saw the i	ify that (1) (this hospit deceased alive on	gl) attend lay 2	ed the deceased fra 1967, and	im_ Lthat	May 24	1967	, ta <u>//lucy</u> _M, from cas		d an the	date stal	(we) las ted abave
220 SIGNATURE	HEEM	el	Heirfo	M €	1 1.10	MED DIRECTO	R STAFF		Pay 29	9 <b>–1</b> 96	7
22c PHYSICIAN NAME (Typ		er Ha	rp /		22d ADDRESS iddletor	m, il	d. 21769	)	- ;		
230 BURIAL (REMAT REMOVAL (Special			23c NAME OF CEMETER Lutheran		etery		Middleto	m,	Md.2		(State)
24 FUNERAL DIRECT	or Election Son	7.	ADDRESS 7 7.	27)	21701 DATE -			REGIS	TRAR S SIGN.	ATURE	det.



VR A15 (4) 20 M 1/66

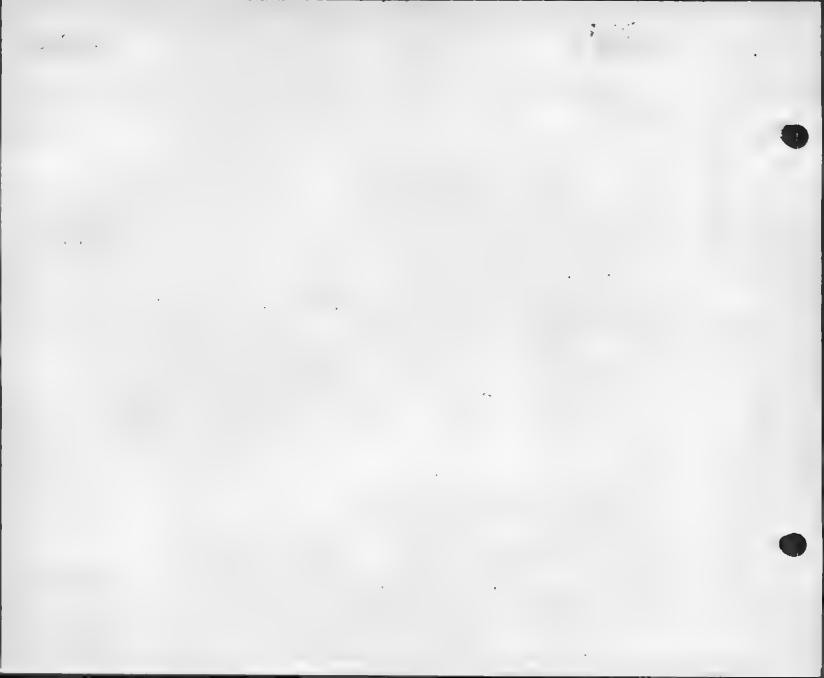


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY hours after you papers. Pages I within 72 hours after b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) rederick the MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Frederick filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 116 Ice Street NO X Frederick Memorial attending physician and completely semit. Then please remove sarbon in or removal, and in any event, within executed\_mffhin 3. NAME OF Middle Last 4. DATE Month DECEASED (Type or print) Elmer Dixon.Sr DEATH 67 19 MAV Lerov AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. NEVER MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED DIVORCED -60 Male | Negro | WIDOWED | DIVORCET WIDOWED 25 1907 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? PHYSICIAN; The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) INDUSTRY U.S.A. Bell 47-29-37-37-37-37-37-37 Frederick Co. Md Hobel man 13. FATHER'S NAME MOTHER'S MAIDEN NAME Russell Weedon

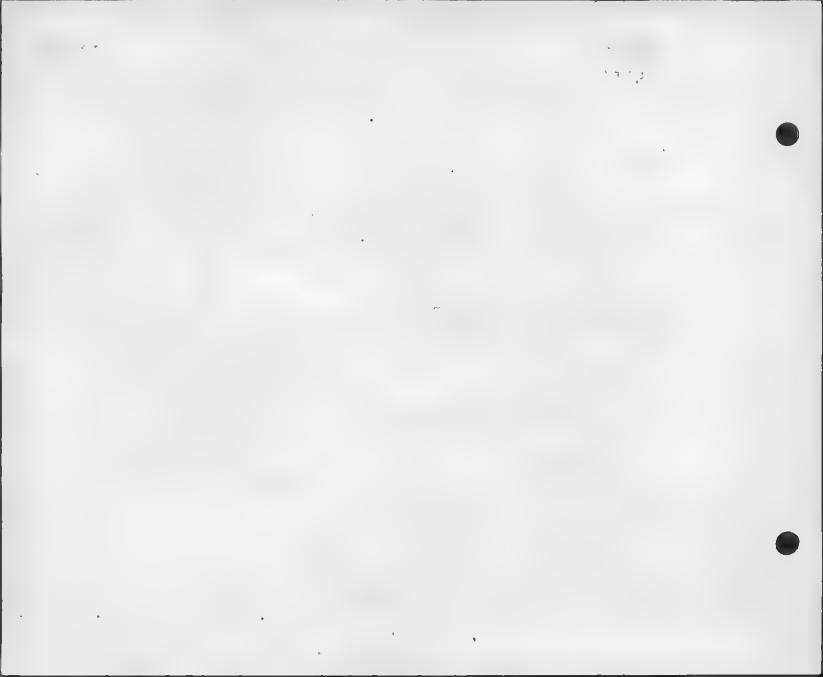
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Laura Dixon the attend it permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Frederick.Md (Yes, no, or unkown) (If yes give war or dates of service) ifter this certificate has been signed by the at be detached for use as the burial-transit perri State Dept. of Health prior to burial, cremation, シャーシャ・シャ・シャーシャーシャーシャ 217-16-229 Dixon INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While Page 4 may be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at CAM, from the causes and on the date stated above. saw the deceased alive on 1174 19 6 7 22b. DATE SIGNED 22a. SIGNATURE PHYS. DIRECTOR PHYS. M.D. ADDRESS director, p PHYSICIAN'S NAME (Type) Proffessional Bldg Frederick Md 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Frederick Buria Fairview 2-1967 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. MECO BY REGISTRAR | 25b. VR A15 (4) C.E. Hicks.111 Frederick, Md DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Inst tution: Residence before admission) a. COUNTY b. COUNTY Fræderick arvland rrew rick MARYLAND ay is necessary, 3 to the funeral Page 5 may bec. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 228 Carroll Parkway 228 Carroll NOTE DATE Month 3. NAME OF Middle Last DECEASED OF (Type or print) DEATH AGE (In years | IFUNDER 1 YEAR ) IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Temale WIDOWED IX DIVORCED ( and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY hurora, ...t Vir inia Retirea Fort Detrick Under 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Effie Feathers Liward L. Teets 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) rs. malt r Teets, Oakland, cryland INTERVAL BETWEEN 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 5 YES T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING 팔필 CAUSE OF DEATH. 3 shoul 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year I factory, street, office bldg., etc.) Hour a.m. MEDI Not While at work at work Inspection X. Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Homicide 1. Natural causes ... Accident Suicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER director. retained **EXAMINER'S** Thomas. dobert Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMAT ON J. 23b. DATE THEREOF 0 50 REMOVAL (Specify) cemet. y Aurora Lutheran Aurora. ret vir. in a 25a. REC'D BY REGISTRAR 25b REGISTRARIS SILNATURE 24. FUNERAL DIRECTOR VR A15ME atchison & Son, Frederick, ryland MAY 9 3500 4-64

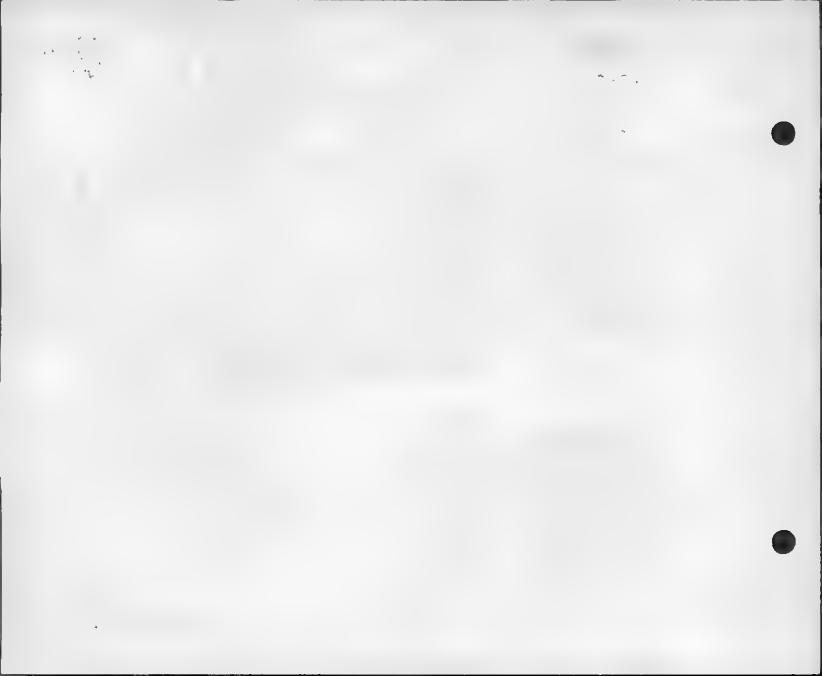


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06649 that the death certificate be executed within 24 hours ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY o. STATE a. COUNTY Frederick Maryland Frederick MARYLAND c CITY OR TOWN (If auts de corparate limits write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If guts de corporate im ts write RURAL and que nearest tawn) Thurmont 9 hrs. e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS W. Main St. Frederick Memorial Hospital NO TA YES 4 DATE Year 3 NAME OF DECEASED DEATH (Type or print) : 6 COLOR OR RACE NEVER MARRIED 7 MARRIED birthdoy) 6. 1902 Female White WIDOWED any and 12 CITIZEN OF WHAT 10b KIND OF BUS NESS OR 11 BIRTHPLACE (County & State or fore an country) 100 USUAL OCCUPATION (Give kind of work done physician o ien please Marylan d factory 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Ann Igenfritz Milton V.B. Miller 17 INFORMANT Address Sunny Vale 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (f yes g ve wor or dates of service) Doris Lahaye 1536 Murre 217-12-2867 NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMED, ATE CAUSE (a) by the hospital or attending physician. DUE TO burial Canditions if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse prior to has been last ~ 2 t t 3 1 19 WAS AUTOPSY 05 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? use detached for use te Dept, of Health NO certificote 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER (County) (Stote) 20e PLACE OF INJURY (Home form. (City or town) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day Year foctory street, office bidg , etc.) Hour o.m. Not White ot work of work FUNERAL DIRECTOR: After 2). I certify that (1) (this hospital) attended the deceased fram (1: 41, 2) 1962 ta / 14-120 , 1967 that (I) (we) last ) 7 8 19 6. 7, and that death occurred at 3 = AM, fram couses and an the date stated above. saw the deceased alive on 14/3 22b. DATE SIGNED 220 SIGNATURE PHYS pode ADDRESS 22c PHYSIC ANS director, po should be f NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a BURIAL CREMATION Co. Md. Burney (Spec fy) Thurmont Fred. United Brethren Cem. 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE Raymond E. Creates 24 FUNERAL DIRECTOR YR A15 (4) Green Thurmont. Md. 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06651 PLACE OF DEATH 1 1 19 AN LOW A Pre AND BUT WITH STORAGE STORAGE AND THE TOTAL TO A 10 Write PIRA WOOLS VALUE Town LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ACORESTING inia Avenue esidence Medical Examiner's Office along with fari DATE OF DECEASED DEATH (Type or print) 1 COLOR OR RACE 7 MARRIED NEVER MARRIES. Pale h rith oy. 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done downly from 1910 of the Bull let even fret.red) State or foreign country 13 FATHER'S NAME Ruth Stanley Foster 0 1: WAT DECEASED EVER IN U.S. ARMED FORCEST 12 10 1 2 1 2 1 1 7 June Foster ohler Accew York City (Yer, procy inknown) If yes give wor ar dotes of service) buria -trans.t permit n any event within THE CAUSE OF DEATH (Enter a ly une rause pe PART , DEATH WAS CAUSED BY ONSET AND DEATH farworded to the Chief IMMEDIATE CAUSE (o) Canditions flony which gave rise to immediate cause (a), stating the underlying cause PART I OTHER INDICANT CONDI ON JINTRIBUTING I DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION INTO A CAR PERFORMED? 2'th DE CRIBE HOW INJURY O CIRRED (Finter nature of many fact or fact PR MARY Dor CONTRIBUTING D 1 20e PLACE OF NORY P - 4g 20d N RY C JERED 20. IME of MouRY Main, Day, Year Hour o.m. foctory, street, office bldq, etc.) at work at work 21 | Leartify that I taak charge of the remains described above held an Autapsy [75] Inspection [7] neurv and in my apinian Hamicide Indetermined manner Accident [ Surcide CHIEF MEDICAL EXAM NER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL I DEPUTY MEDICAL EXAMINER NAME Type, Pobert Address "Street http://www. NAME OF CEMETERY OR REMATORY BURIAL (REMA ICH, 23b DATE THEREO SOI REMOVAL (Specify) FUNERAL DIRECTOR VR A15ME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

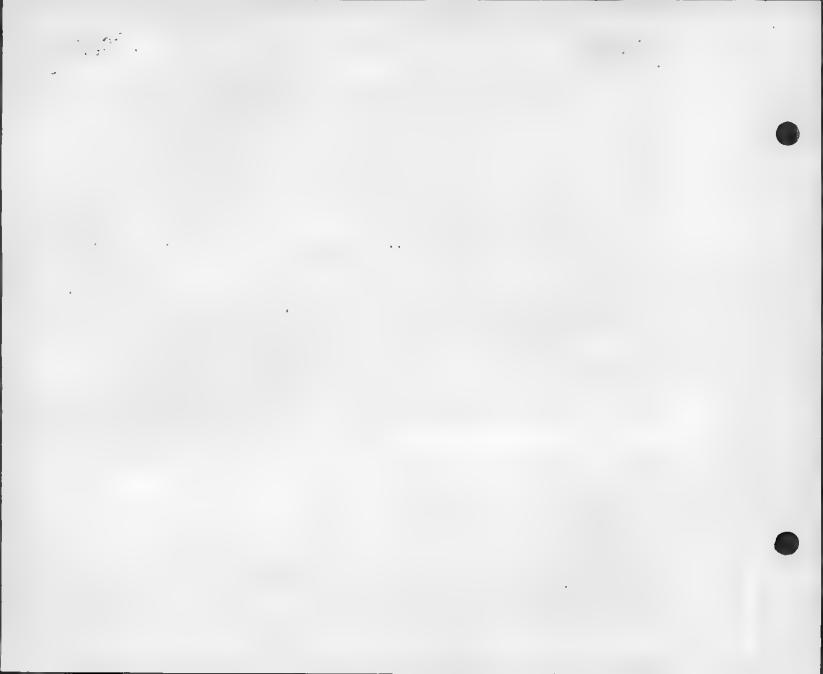
0665	12		CERTIF	ICATE	OF DEATH			,	258	533
PLACE OF DEATH	derick		MARY	LAND	2 USUAL RESIDENCE (Vo. STATE		b. COU			idmiss an)
b. C.TY OR TOWN	(li outside corparate limi and give gearest tawn) CCTICK	ts,	8 Weeks	N 15	c CITY OR TOWN (For	rts de carporati		RAL and give	neorest to	own)
	entation in institution (if it				d STREET ADDRESS  moute # 2	2, Fred	lerick			IS RESIDENCE ON A FARM? S NO
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s sex Female	6. COLOR OR RACE	7 MARRIEI WIDOWE			DATE OF BRTH		AGE (In years last birthday)	Manths		HOURS Min.
100 USUAL OCCUPATION during most of working 10 US CV7.	Oh 'G ve kind of work doning life, even if retired)		KIND OF BUSINESS OR INDUSTRY		11 BRTHPLACE (County Tor Cerick			12 CTI COU	ZEN OF W	HAT ±L ●
13. FATHER'S NAME	Unknovm				14 MOTHER'S MAIDEN I					
	VER IN U.S. ARMED FORCES: (If yes give wor or dates	of condeal	12 12 2819		iformant liam A. Zir	e.crmar	1724Addir 1, Durnd			
33 H	ny, which gove ) ate cause (a), (	(o)	1 REINIA	دراء	~ DIA	2				FAND DEATH
8	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO T	HE TERMINAL D SEASE COI	VDITION GIVEN	N PART 1(0)		19 W PE YES	AS AUTOPSY ERFORMED?
OR CONTRIBUTION	VAS UNDERLY NG □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205	DESCRIBE HOW INJURY OC	CCURRED (	Enter nature of injury in	Part I ar Part	II of item 1B)			
₽ Hour	N.JRY Manth, Day, Year a.m. p.m. 19	Wh	INJURY OCCURRED  le Not While of wark		E OF IN, URY (Hame, farm ry, street, affice bldg., etc.)		(City or town)	(Cau	nty,	(State)
saw the	tify that (I) (this he deceased alive an_	spitul) atte	nded the deceased 20 1967, c	fram $\underline{-}$ and that	death accurred at	8386 W	fram causes	and an th	e date	stated abave
220 SIGNATUR 22c PHYSICIAL	i. Chish	i D	Cane.	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS	22b DA	TE SIGNED	1/67
NAME (Ty	pe) A. Austi		re, D.		Toll House				a.	
23a BURIAL (REMA REMOVAL (Spec	TON, 236 DATE THE	(-	230 NAME OF CEME	vet (	Cenetery	Free	AT ON (City or To	aryl		(Stote)
24 FUNERAL DIREC	no etchison	n a So	n, Frederic			BY REGISTRA	967 256	GISTRAR'S	GNATUBE	ge-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral director, page 3 shauld be detached for use as the burial-transit perm t. Then please remove carban papers. Pages 1 and 8 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

executed within 24 haurs after deaths

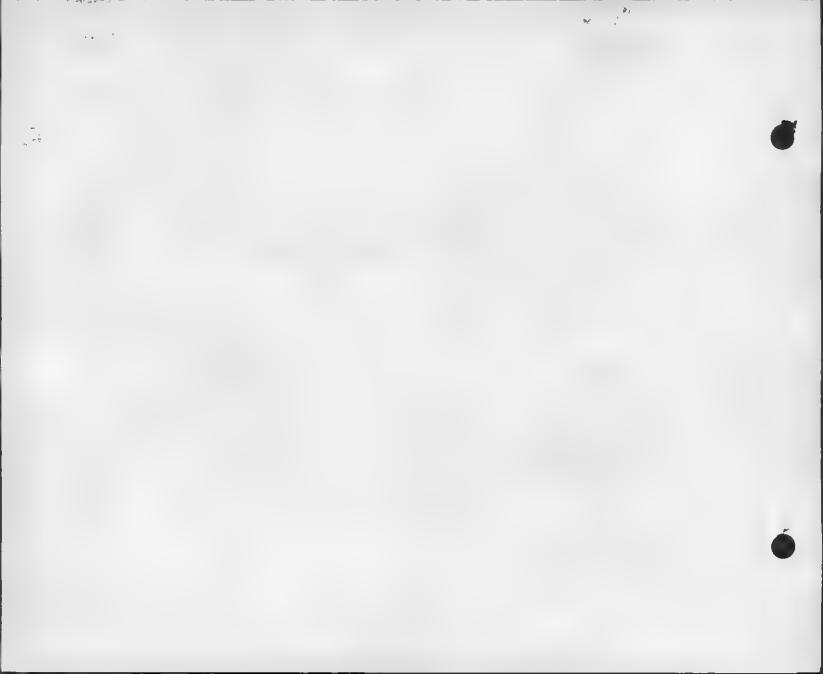
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the hospital or attending physician.

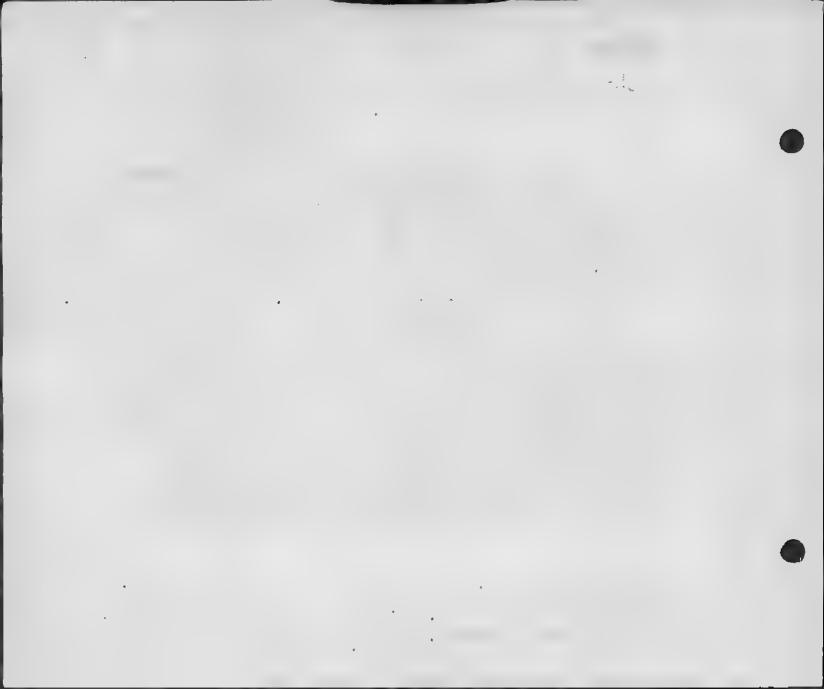


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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deoth.	1	PLACE OF DEATH					t on Resident before admission)
3		· Frederick		MARYLAND	o STATE aryla		relerick
aurs affer		b (ITY OR TOWN (It outside to write RURAL and give neare	rporote mits, st town)	c LENGTH OF STAY IN 16	€ CITY OR TOWN ( f out	tside corporate limits, write RL	JRAL and give nearest town)
by the Pogrand		Hiddletown		years	liddlet	town	
in 24 ha filed in b papers hin 72 ha		d NAME OF HOSP TAL OR INSTIT	UTION (If not in haspita	l, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
filled at paper nin 72		Route 2			Route 2		YES NO 🔀
completely from ave carban procession of the c	3	(-16 6 7)	First Fuy	F. Gladh		4 DATE MOR OF DEATH 5	27 1967
nd compremayer		male whi	,		3/3/1 ( O ]	9 AGE (In years lost birthdoy) 60 yrs	Months Doys Hours Min
ficate be ex ysicion and please rem al, ond in an	dui	USUAL OCCUPATION (Give kind oing most of working life, evenuf in NTICUE deal (FATHER'S NAME	f work done 10b streed) Se.	kind of BUS NESS OR INDUSTRY Li employed		State or foreign country) CO., Md.	12 CIT ZEN OF WHAT COUNTRY?
the death certificate be executed within 24 haurs is attending physician and completely filed in by the parmet. Then please remave carbon papers. Position, or removal, and in any event, within 72 haurs	15	Melvin O. ( WAS DECEASED EVER IN U.S. ARM gs, no, or unknown) (If yes give v	NED FORCES?		Mary E.  WFORMANT  uline H. (	Addi	Route 2
aw requires that the ding physician been signed by the the burial-transit p ar to burial, cremotic	CERTIFICAT	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUMME	DIATE CAUSE (o) Too	or (o) (b), and (c))	e carrie	resolute th	li 26 SONST AND OLATH
The Interpreted the has I use as at the pri		PART I. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1,01	19 WA AUTOPSY PERFORMED? YES NO
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the har this can detect	MEDICAL	20c TIME OF INJURY Month, Hour a m p.m.	19 Vh	ork Not Whe facto	E OF INJURY (Home form bry street, office bidg letc)		
TTENDIN arned by OR: Afte tou'd be to the Sto		saw the deceased a	(this haspital) atte	nded the deceased from C	death accurred at	5 P.M. fram causes	2 19 6 that (1) (we) last and an the date stated above
<b>4</b> 5 5 5 5			Wan	M D	ATTENDING PHYS 22d ADDRESS	MED STAFF D RECTOR PHYS	22b DATE SIGNED
Page 4 may be re Page 4 may be re TO FUNERAL DIREC director page 3 shauld be fied w	) -udily-box			MAGNOS	1.	BOUNSBURS	
HO Age Trect	23	BURIAL, (REMATION, 2 REMOVAL(Specify)	Bb DATE THEREOF	23c NAME OF CEMETERY OR C		23d LOCAT ON (Lity or To	
VR A15 (4) ~ V		FUNERAL D RECTOR	5/30/67	Lutheran Department   Lutheran   Lepartment   Lepartment	netery 250 RICO	By REGISTRAR 2550	n Tref I'd
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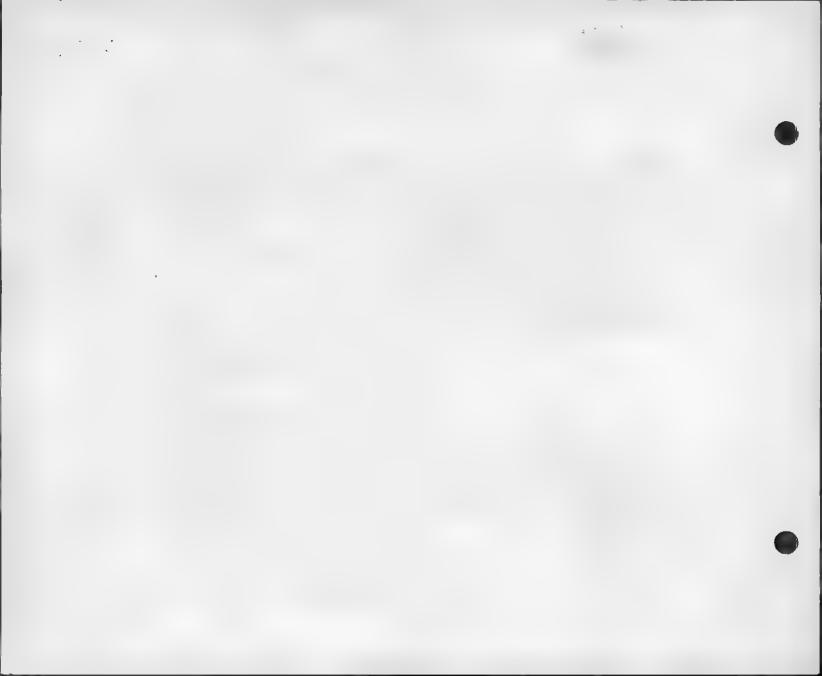


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved. f institution; Residency belore edmission) e. COUNTY b. COUNTY od 2 Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. C.TY OR TOWN (If outside corporate I mits, write RURAL and give nextest, own E. LENGTH OF STAY IN 16 Write RURAL and give nearest town) Thurmont -- rural Thurmont rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? papers. I Own Home YES NO. 3. NAME OF M ddle 4. DATE Day Year Frst Last Month comple **DECEASED** OF and comp garbon pa nt, within (Type or print) CHARLES HALLER DEATH 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthdey) 4-10-1896 male white certificate WIDOWED DIVORCED T ue 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Bar Tender Restaurand Marvlan d phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret V. Lease Arthur N. Haller Address 17. INFORMANT 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unkown) (If yes give war or dates of survice) Lillie M. Haller Thurmont. Md. RD Yes permit. physician. NTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ö ONSET AND DEATH paudis PART I DEATH WAS CAUSED BY, has been signed ne burial-trans't p urial, cremation, IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY S 0 PERFORMED? prior NO K 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) Health OR CONTRIBUTING LI CAUSE OF DEATH be retained by the CTOR: After this ald be detached f (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY factory, street, off ce b.dg., etc.) While Not While Hour am Dept. et work | et work p.m Pe 19 to ..... 21. I certify that (I) (this hospital), attended the deceased from.. . M, from the causes and on the date stated above DIRE .19/2/... and that death occurred at / -saw the deceased alive on ..... 22b. DATE 22a. SIGNATURE SIGNED MED. death. Page 4 page with t PHYS. 6 DIRECTOR PHYS. HOSPITA 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed Thurmont, Md. Thomas A. Love 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF (Slete) 0.52 BUT TE (Specity) Frederick. Mt. Olivet Cemetery 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 TUNERAL DIRECTOR'S SIGNATURE Roomes er Raymond hurmont. Md. YR A15 (4) 20M 5-63



~~~~~		06655		CERTIFICATI	OF DEATH		08641
de d		PLACE OF DEATH D. COUNTY BEDERICE	4	MARYLAND	o STATE MAA	Where deceased lived if institution b. COUNTY	FREDERICA
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in 24 h illed in papers hin 72 h		11/2/1/1/	HUSPIN	HL-	d STREET ADDRESS	Market and an artist and artist artin artist artist artist artist artist artist artist artist artist	ON A FARM?  YES NO NO
uted withing amplete y five corbon event, with		Libe a buni		M dd e	B DATE OF BRTH	4 DATE Month OF DEATH / - 1, 9 AGE (In years	Doy Year  7 19 to 7  IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
exercte	5	SEX 6 CO.OR OR  1 //  JSUAL OCCUPATION (Give kind of w	M DOMES [	NEVER MARRIED DIVORCED DIVORCED DIVORCED	JULY 3 . 19		Months Days Hours Min
sicrate be	dun	ng most of working life, even if retire	d) INDU	STRY CAMP		LAND	COUNTRY?
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that the death certifion.  On.  by the attending phy tronsit permit. Then cremation, or remavo	(Ye	s, no, or unknown) (If yes give wor  IB CAJSE OF DEATH (Enter on	one couse per line for (o	-/C-2829N	INA HAMM	ND LIBERT	NTERVAL BETWEEN
that trons to by the tronsile, crema		X	TE CAUSE (o) CERE  DUE TO	CRAC THO	4BL3/5 =	L han process	ONSET AND DEATH
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N: The loan attent or attent attents to use os or atth pride ealth pride or the true or th	CERTIFICATION	PART II. OTHER SIGNIFICANT CON	Marine	, - 2 Rr.	sel and	Port I or Port II of Item 18)	19 WAS ALTOPSY PERFORMED? YES NO
IYSICIA naspital certifica ched fo pt. of Hi		200 ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAM.	ATH NER)		ACE OF INJURY (Home, for		{County} (State)
by the 1 by the 1 After this be deta State De	MEDICAL	20c. TIME OF INJURY Month, Da Hour a.m. p.m.	While of work	Not While I far	ctory, street, affice bldg., etc.	)	
OR ATTENDIN be retained by DIRECTOR: Afre ge 3 should be led with the Sto		saw the deceased aliv	e an 3//	19 <u>C</u> ), and the		MED. STAFF	, 19, that (1) (we) last and an the date stated above 22b_DATE SIGNED
96 38 e 3 e 3 e 4 e 5 e 5 e 5 e 5 e 5 e 5 e 5 e 5 e 5		22c. PHYSICIAN'S NAME (Type) AICH	CHARD C	REYNXLDS	ATTENDING PHYS  22d. ADDRESS	DIRECTOR L PHYS. L	2 27/6/
TO HOSPITAL Page 4 moy b TO FUNERAL D director, pog should be fill	230	meanwrites in F.	DATE THEREOF	23c NAME OF CEMETERY OF	CREMATORY	23d LOCATION (City or Tow FALDER 16	,
VR A15 (4).	2	I FUNERAL DIRECTOR	6 1.*	ADDRESS	250 REC		SISTRARS S GNAJURE

VR AT5 (4), 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96656 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Frederick Mar vland Fre erick MARY, AND C LENGTH OF STAY IN 6 c (ITY OR TOWN (I outside corporate limits, write RURA), and give nearest town) b CITY OR TOWN (I outside corporate limits, Lamitsburg [פיתנות d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street address) e IS RESIDENCE ON A FARM? Our Trona Annandale Pd. NO A 3 NAME OF Midd e Lost Month DECEASED Ralph Hatter Lounard May (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED B. DATE OF BRIH AGE (In years IF UNDER 1 YEAR I lost b rthdoy) white male WIDOWED DIVORCED Da USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (County & State or fore an country) 12 CT ZEN OF WHAT during mast of working wife even if refired) Factory COMMIRKS Mar tland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ralph J. Watter Josephine Fornick 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dates of service) Mary 18 CAUSE OF DEATH (Enter only and couse per line\_for (a) (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO storing the underlying couse ıast 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o). 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) OR CONTRIBUTING CLEAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NJJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Eity or town) (County) (State) Hour a.m. Not While foctory, street, office bldg., etc.) of work ot work 1947 to / piece (5) 21. I certify that (1) (this hospital) attended the deceased from \_\_\_\_\_\_\_\_ , 192 , that (I) (we) last saw the deceased alive an white Hill 1967, and that death occurred of A.M. from couses and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W.R. Cadle Emmitsburg, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) St. Anthony Cemetery Mr. Juliusburg

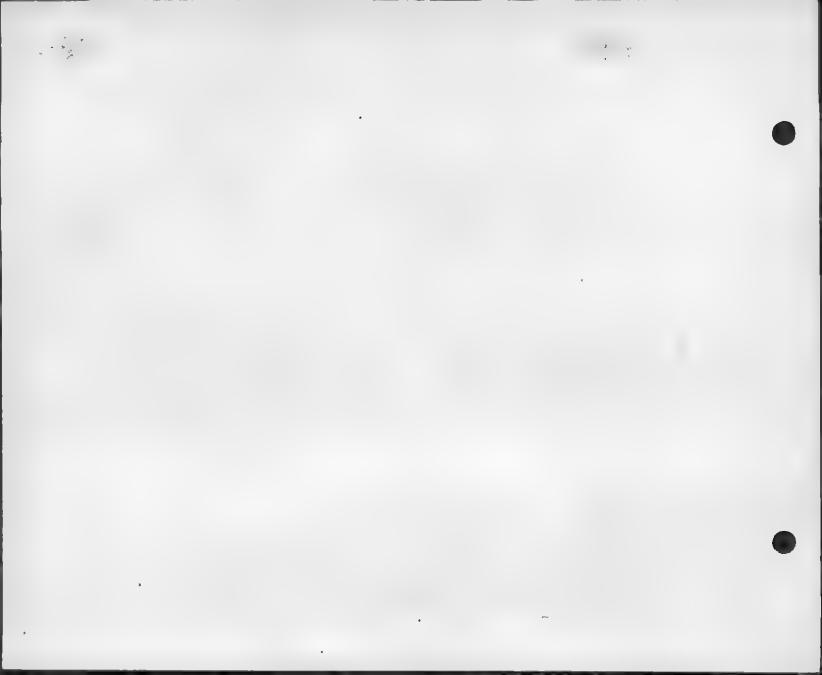
Thurmont, I'd.

DATE

VR A15 (4) 15

director, p

The law requires that the death certificate be executed within 24 hours after seath



STATE I FOR HEALTH

> O DEPUTY MEDI.— EXAMINER: This certificate should be executed within 24 hours after death. If any delay, cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. 2 with within pages Tama 2 permit. File p used as a burial-transit to burial, cremation, or 3 should be a O FUNERAL DIRECTOR: Page of Health or its designated TO DEPUTY MEDI-

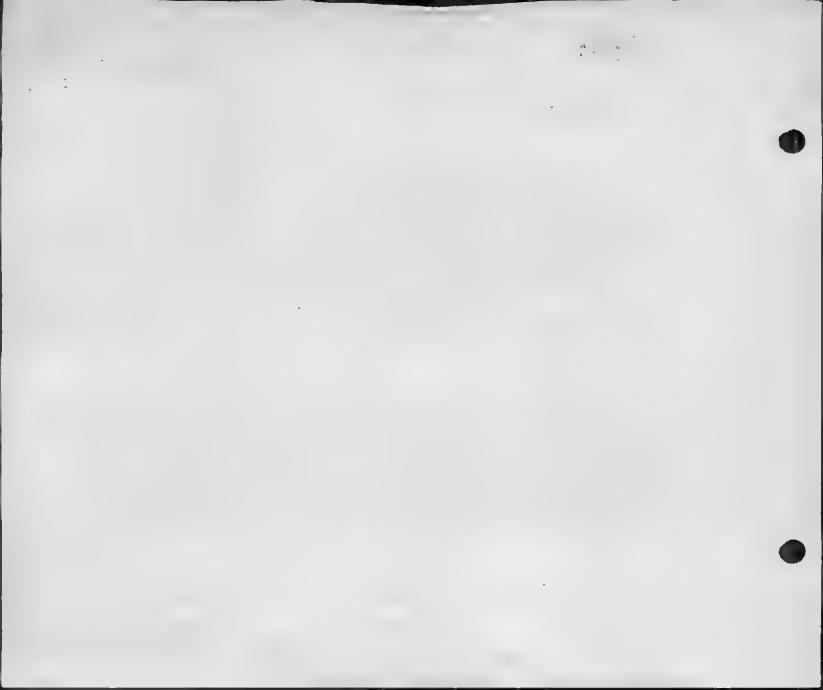
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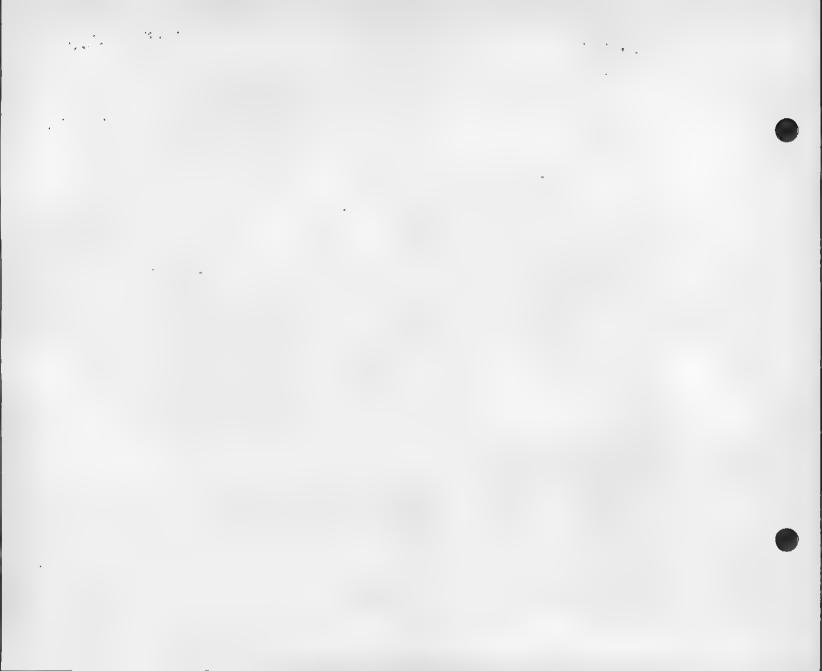
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	96657	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	08643
1,	PLACE OF DEATH	The street was a second of the	2. USUAL RESIDENCE	(Where deceased lived, If institute b. COUNTY	
	Iradori	ick MARYLANO	ary	land	Framerick
	b. CITY OR TOWN (if outside corwrite RURAL and give neares)	porate limits.   c. LENGTH OF STAY IN 1b		utside corporate limits, write	RURAL end give nearest town)
		TUTION (if not in hospital, give street address		The second of th	. B. IS RESIDENCE
		ck Temorial Hospital	Rout	a 1	ON A FARM?
2	NAME OF	w year			Day Year
٥.	DECEASED			0F	05 (8
<u> </u>	(Type or print) SEX   6, COLOR OR RA		leffner  8. DATE OF BIRTH	DEATHa.y	25 19 67 Under 1 year, if under 24 Hrs.
	ale White	ACE 7. MARRIEO X NEVER MARRIED OLVORGEO	av 19-1907	last birthday) Mo	onths Deys Hours   Min.
		work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT
du	ing most of working life, even if re Pluaber retired	etired) INDUSTRY	maryland		COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	U.D.A.
10		P. /h		HAME	
15	Emory Wm. He		Mollie	Address	
	es, no, or unkown) (If yes give war or d	lates of service)			
	Iss _ Wear H	L [ 217-10-9727 [15	rs. Mary L. He	ffner-Route 1-	Frederick, ad.
		ly one cause per line for (a), (b) and (c).]	4	700	ONSET AND GEATH
	PART I. DEATH WAS CAUSE IMMEDIATE CA		sure sea	1 Talling	
	, /	OUE TO	, 0 d	11.000	
	Condition, If eny, which	(b) Myocard	cal Tho	appearency	
	gave rise to immediate (	DUE TO C. A. B. D. A	- 16 10	Viva Ida	Dingo
	underlying ceuse lest.	(c) underince le in	- lorger der	work lover 1	of March 7
NO	PARTIL OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING TO CEATH BUT NOT RE	LATED TO THE FRMINAL OIS	SEASE CONDITION GIVEN IN PA	RTI(a) 19. WAS AUTOPSY PERFORMEO?
CAT	(dealer)	Myscardial	mark		YES NO
TE	20e. EXTERNAL CAUSE WAS	205. DESCRIBE HOW INJURY OCC	CURRED. Whiter nature of h	njury in Pert I or Part II of I	tam 18.)
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	2			
	20c. TIME OF INJURY Month,		ACE OF INJURY (Home, farm		(County) (State)
MEDICAL	Hour o.m.	While Wille Wille	tory, street, office bldg., atc.	.)	
X	p.m.	19 at work at work	old on Autonou 🗹	Inspection , inquiry	and in my opinion
		harge of the remains described above, h		Annual Control	
	death resulted from: Nat	tural causes Accident, S	ulcide, Homicide		anner
	ACTUAL LANG	71 200	CHIEF MEDICAL I		22. DATE SIGNEO
	SIGNATURE TO	H. GEARE	M.D. ASSISTANT MEON		
	EXAMINER'S. Tohn L	H. Teske	DEPUTY MEDICAL	L	5/26/67
22	Luviue (130c)			city, town, or county) 23d. LOCATION (City, town	
232	REMOVAL (Specify)				0.7.0
2.0	rial May		netery 25a Talou	Frederick,	1.21/UL
29	. FUNERAL DIRECTOR Elu	Sort T. Frederick.	1.21701	D BY REGISTRAR, 255. REC	dozen An D
	Trescent octive doll or	Tredit Toky at	Le C.L.   U.L. DATE	7.	Mary Warner Later

1	1	MARYLAND STATE DEPARTMENT OF MEALIN
1/		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  OCCED CERTIFICATE OF DEATH
after	Pino	0000
25	2 42	1. PLACE OF DEATH  2. USUAL RESIDENCE [Whose deceased I ved, if institution: Residuace admission a. COUNTY  6. STATE  6. COUNTY
hours	and 2 death.	- Thedrick - MARYLAND Maryland Industrick
24 B		b. CITY OR TOWN (if outside corporate limits, write RURAL and give no rest lown write RURAL and give nearest lown)
	ges ges seffe	d. NAME OF HOSP TAL OR , NSTITUT, ON (if not in hosp to, g've street eddress)  d. STREET ADDRESS  a IS RESIDENCE
within	rs. Page hours a	ON A FARM?
De la	perpers.	3. NAME OF First Midda Lest 4. DATE Month Day Year
executed	of papers. Pages of papers. Pages ithin 72 hours aft	(Type or print) JESSE LEE HYDE DEATH May 4 1967
900	and the card of th	S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18. DATE OF BIRTH 19 AGE (IN YOR IF UNDER 1 YEAR IF UNDER 24 HRS.
	ove ca event,	WIDOWED WIDOWED DIVORCED Manch 28 1878 89 yrs. Months Days Hours Min.
8 .9	nysician ramove any eve	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT COUNTRY
death certificate	pnysician e remove i any ever	Farmer Senant Trederick Co. Md. U.S.A.
asth		13. FATHER'S NAME
	attending hen pleas val, and ir	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.   17. INFORMANT Address
£ 1	e atten Then oval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO., 17. INFORMANT  (Yas, no, or unkown) (If yesgivawerordatesofservice)
The law requires that the	signed by the atter ansit permit. Then lation, or removal,	18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (cl.)
E 2	D 17	PART I. DEATH WAS CAUSED BY:
The law requires the	te has been signer the burial-transit i burial, cremation,	IMMEDIATE CAUSE (e)
law ding	rrial-tra	Conditions, if any, which \ \ \{b\}
T- 12	and h-	gave rise to immediate cause (e), stating the underlying DUE TO
8 1	e ha ithe l	couse lest. (c)
PHYSICIAN:	S S S	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8 19. WAS AUTOPSY PERFORMED?
YSI Rosp	prior	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6  PERFORMED?  PERFORMED?  YES NO O  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEA
五年 1	his c	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of itam 18.)
្ត្រស្ន	After this stached fo of Health	
IDI ned	R: Affer the delached to for Healt	Hour s.m. While Not While
ATTENDING	DIRECTOR: 3 should be de a State Dept.	
	IRECT Should State [	the state of the s
ОВ	Shoul Shoul	22a. SIGNATURE 22b. DATE
	# # # # # # # # # # # # # # # # # # #	ATTENDING AND STAFF SIGNE
Page	wit	22c. PHYSICIAN S 22d. ADDRESS
HOSPITAL	iled,	NAME (Type)   PXX 12 - MARTIN 220 N MARKET F- Ide. ICK IN
O HO	CO FUNERAL J	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sfate)
H	H	Burial 3/6/61 Brethren Centelly Rocky Rulge Mi.
	5	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  258. REC'D BY REGISTRAR /256 REGISTRAR'S SIGNATURE  ALAY O' 1007 OCCUPATION UNDER
YR A1: 20M		J. C. Barton, Walkersville, m.f. JoAMAY 8: 1967 Junes Junge



MARYLAND STATE DEPARTMENT OF HEALTH

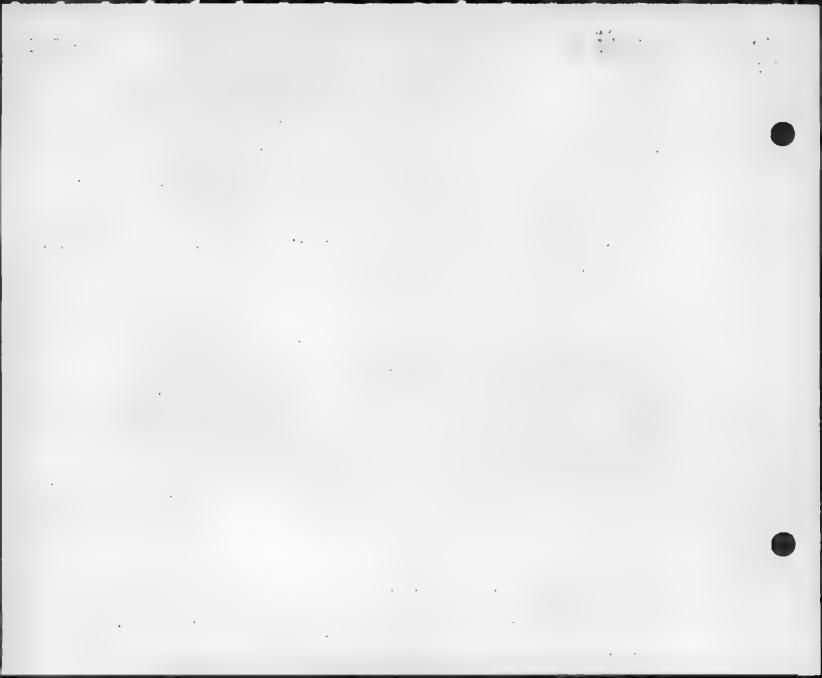


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VR AI5ME (5) 5M 1/65 96661

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6.1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0.56.4.7

ı		00002	
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY
		Frederick MARYLANO	worth Carolina walin
Ì		D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, Write RURAL and give nearest town)
		Emmitsburg inutes	Rose Hill
ĺ		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE on a Farm?
		Highway Acrident	Rose Hill LYES NO Ck
		NAME OF First Middle DECEASED	Last 4 DATE Month Day Year
i		Type or print) That JEF (ERSON	JUHANON DEATH Lay 25 19 07  8. DATE OF BIRTH 19. AGE (In years   FUNDER 14 PARS) FUNDER 24 HRS
	5. 5	1. MINNELED X HEACH MANNELED	last birthday) Months Days Hours Min.
			June 11, 1909   57 yrs.   12. CITIZEN OF WHAT
	durle	USUAL OCCUPATION (G ve k nd of work done g most of working life, even if retired) IDD. KIND OF BUSINESS OR INDUSTRY	COUNTRY?
		Farmer	Duplin County, N. Carolina U. S.A.
	13.	FATHER'S NAME	
		Ira Dekalb Johnson	Ninnie Stella Algerman   Address
	Yes,	no, or unkown) (If yes give war or dates of service)	
	_		Mospital Records
		PART I, DEATH WAS CAUSED BY:	Transected Frame I INTERVAL BETWEEN ONSET AND GEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tracture of Ve w	o, Transected trome!
		Conditions, It any, which   OUE TO   name ted	aosta Subdural
		gave rise to immediate (	
		cause (a), stating the DUE TO DE TO Underlying cause last.	32: Massive Humanhage, humalliest
	. nur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	KTEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
	EAT		YES NO
	CERTIFICATION	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCU	URREO. (Enter Auture of Jajury In Part I or Part II of Item 18.)
	SE	PRIMARY FOR CONTRIBUTING   Ca Truck	h Collision
	S.	facto	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)  ory, street, office bidg., etc.)
	MEDICAL		Thirty mederal Med.
	-	21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection . Inquiry ., and in my opinion
			icide, Homicide, Undetermined manner
			CHIEF MEDICAL EXAMINER
		SIGNATURE TO YELL HI SENTE	M.O. ASSISTANT MEDICAL EXAMINER [ 22. DATE SIGNED
		EXAMINER'S V	PLT DEPUTY MEDICAL EXAMINER X
		NAME (Type) JOHN H. TOSKO, L. D.	Y OR (REMAIORY 1 23d. LOCATION (City, town or county) (State)
	23a.	BURIAL CREMATION, 235. DATE THEREOF 23C. NAME OF CEMETER' REMOVAL (Specify) 28. 1967	T WILLIAM ON LINE WAS A STATE OF THE STATE O
	24	FUNERAL DIRECTOR WAS ADDRESS	25a. REC'D BY REGISTRAR 29b REGISTRAR'S SIGNATURE
	24.	prance in	MAY 29 1967 Schances Judges
		tchison Son. Frederick arv	riand Date



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96662

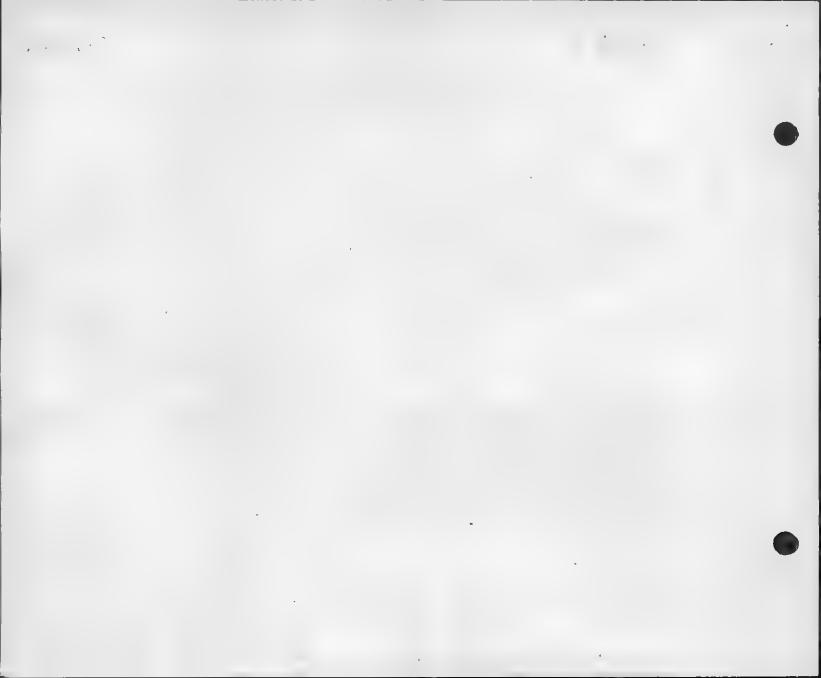
## CERTIFICATE OF DEATH

06648

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, filinstitution Residence before admission)
o. COUNTY Frederick MARYLAND	o, STATE b. COUNTY Laryland Frederick
b C TY OR TOWN (If autside corporate limits   C. LENGTH OF STAY IN 16	C CTY OR TOWN ( floutside corporate limits write RURAL and give nearest town)
write RURAL and give nearest town) Frederick 35 Days	Puckeystown /
d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to give street oddress)	d STREET ADDRESS e IS RESIDENCE
Frederick emorial Hospital	Puckeystown, Maryland   ON A FARM?
3 NAME OF First Middle	Lost 4 DATE Month Doy Year
DECEASED Havery Helson K	ELLER DEATH MAY 12 1967
S SEX 6 COLOR OR RACE T MARRIED X NEVER MARR ED	8 DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
le White WIDOWED D VORCED	August 15,1906 60 yrs Months Doys Hours Min
Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
during most of working fe, even if retired)  Horeinan  Hudson Supply Co.	Frederick County, Laryland U. S. A.
3 FATHER'S NAME	14 MOTHER'S MA DEN NAME
Harry Keller	pella Frv
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address
(Yes no or unknown) (if yes give wor or dotes of service) 217 Ol 5895. The	omas C. Keller, 102 it. Olivet dva.
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	NTERVAL BETWEEN
PART DEATH WAS CAUSED BY	beaut double onset and death
IMMEDIATE CAUSE (o)	6
Conditions, if ony, which gove ) (b) Charles	30mic (Aromona)
nse to immediate couse (a), ( Due 10	
stoting the underlying couse (c)	
PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
(Cerebral Intance)	PERORMED' YES NO
G OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port   or Port   of item 18)
	ICE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour om. While of work of work	tory, street, office bldg., etc.)
21. 1 certify that (1) (this haspital) attended the deceased fram_	March 27, 1967, to MAY 12, 1967, that (1) (we) last
saw the deceased alive an MAY 11 1967, and the	at death accurred at <u>5 A</u> M, fram causes and an the date stated above
220 S GNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Matik L. lender	D. PHYS. DIRECTOR LI PHYS LI May 12, 1967
22c PHYSICIAN	22d. ADDRESS
NAME (Type) Ralph L. michels , L. D.	Fred rick medical Center, I reverick, d.
230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Burial May 15, 1967 Gount Olivet	Cometerry 'red rick, myryland
24 FUNERAL DIRECTOR ALONG ADDRESS ADDR	250 REC D BY REGISTRAR 256 REGISTRAR'S S.GNATURE
M. r. utchison & Son Frederick, M.	DATEMAY 16 1967 Kilianles Judge
	ry.ana

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 22 should be filed with the State Dept. at Health prior to burnal, cremot on, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

3



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF BEATH CERTIFICATE USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) B. CDUNTY Frederick **b. COUNTY** Frederick MARYLAND b. CITY OR IDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Rural Frederick Frederick d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Butterfly Lane Rt.# 4 DOA Frederick Memorial Hospital 3. NAME OF Middle Day DECEASED ALFRED HEALVEY LaBRUSH, SR. DF 15. Mav 67 DEATH (Type or print) 6. COLDR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months I Days Hours Min Months | Days Male White Sept. 14, 1903 WIDOWED DIVDRCED 1Da. USUAL DCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Mail Contractor Near Wheeling. West Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olive Starkey Clyde Healvey LaBrush 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. I Address (Yes, no, or unknown) '(If yes give war or dates of service)
YES 1920-1921 214⊶10⊶1899 Mrs. Ella Catherine LaBrush Rt.# 4 Fred. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ransit IMMEDIATE CAUSE (8) DUE TD Conditions, if any, which gave rise to immediate DUE TO cause (a), stetling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES IX NO 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c, TIME OF INJURY Month, Day, Year | 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) factory, street, office bldg., etc.) Hour e.m. MEDI Not While at work at work Inspection ! ... 21. I certify that I topk charge of the remains described above, held an Autopsy Inquiry 1 ], and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide . execute the r. Page 4 s d for your f CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATUR 0 DEPUTY MEDICAL EXAMINER please ex director. retained f FUNERAL Health Address (Street, city, town, or county) Frederick, Robert J. Thomas NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMDVAL (Specify) 6 0 Mav Mount Olivet Cemeterv Frederick Maryland 24 FUNERAL DIRECTO MODRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR ALSME (5) Frederick. MarylandbateMA





MADVIAND CTATE DEDADTMENT OF HEALTH

		Divisian of STAT	ISTICAL I				W. PRESTON STRE		TIMORE, MARY	LAND 2120	1
	06665				CERTI	FICATE	OF DEATH				06651
	PLACE OF DEATH o. COUNTY rede				MAR	YLAND	2 USUAL RESIDENCE (W a. STATE Waryland		ь. cou Fre	NTY odurick	
	b CITY OR TOWN ( write RURAL and Prede	f outside corporate is i give nearest tawn) FICK	mits	4 Months			c CITY OR TOWN (If autside corporate mits, write RLRAL and give r Frederick				rearest town)
		a. or institution (d k. Mursing		pitol, give	street address)		d STREET ADDRESS  16 S. Larket Street				e S RES DENCE ON A FARM? YES NO TX
	NAME OF DECEASED (Type or print)	LYDIA	First	EITA	Middle SPAH	R 11	Lost ARLIOR	4 DATI OF DEAT	E Mon ти "ay		Doy Year 7 1957
Ē'e	sex Lna <b>le</b>	6 COLOR OR RACE	WID		NEVER MARRIE DIVORCI	" [ ]	eb.12, 1893		9 AGE in years lost birthday) 71 yrs		loys Hours Min
du;	ing most of working	(Give kind of work do le, even if refired)	ne	NDUS	OF BUSINESS OR TRY		11 BIRTHPLACE (County 1.ew York C:	ity,		COUN	EN OF WHAT
_		hn Heidin	- A				14 MOTHER'S MAIDEN N				
15 (Y	WAS DECEASED EVE es no or unknown) INO	R IN U.S. ARMED FORCE (If yes give wor or dot	S? es of service	s)	16 1984		nformant s. Catherine	10.4			e avenue
	PART I DEAT	EATH (Enter only one TH WAS CAUSED BY IMMEDIATE CAU		A	(b), ond (c))	>> × × ×	4 (c)	7. – 1	, att		NTERVAL BETWEEN ONSET AND DEATH
	Cond t ons, if any, rise to immediat stating the under last.	, which gave ) e couse (o), (	(b) <u>C</u> (UE TO 7	Juni	cy zel	3.00	alden	, <u>, , , , , , , , , , , , , , , , , , </u>	a ( and (	a La , i	
CATION	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMIN.						HE TERMINAL DISEASE CON	IDITION G	VEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES NO [X
A CERTIFICAT ON		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	2	05 DESCRI	CRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of Item 18)						
MEDICAL	Hour o.n	n. I	19	While at work		focte	E Of INJURY (Home, form ory, street, office bldg., etc.)			(Count	
	21. I certi	fy that (I) (this h	naspital)	tended	the deceased	from_>	death accurred at	956	M from couses	and an the	Z, that (T) (we) lo

a HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detoched for use as the burio -frans.1 permit. Then please remove carbon papers. Pages I fant should be filed with the State Dept. of Health priar ta buriol, crematian, or removal, and in inversent, with 72 hours after decine. Page 4 may be retained by the hospital ar ottending physician.

VR A15 (4) 20 M 1/66

220 SIGNATURE

22c. PHYSICIAN'S NAME (Type)

BURIAL CREMATION REMOVAL (Specify)

24 FUNERAL DIRECTOR

230.

Hanry

m. k. Ltchison & son,

23b DATE THEREOF

Chase,

1967

t.

Fred rick,

23c. NAME OF CEMETERY OR CREMATORY Hope Cemetery

ADDRESS

23d LOCATION (City or Town) (County)

Loodsboro, aryland GISTRAR 256 REGISTRAR S 5 GNATURE BY REGISTRAR 2So. REC D

STAFF PHYS

MAY 9

ATTENDING PHYS

22d.

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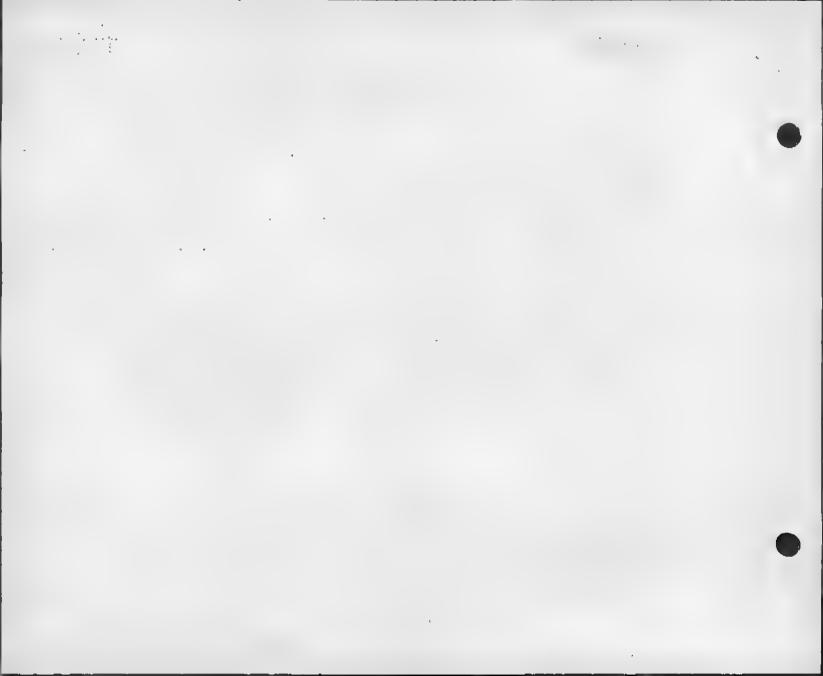
196

House avenue, Fr Carick,

MED DIRECTOR

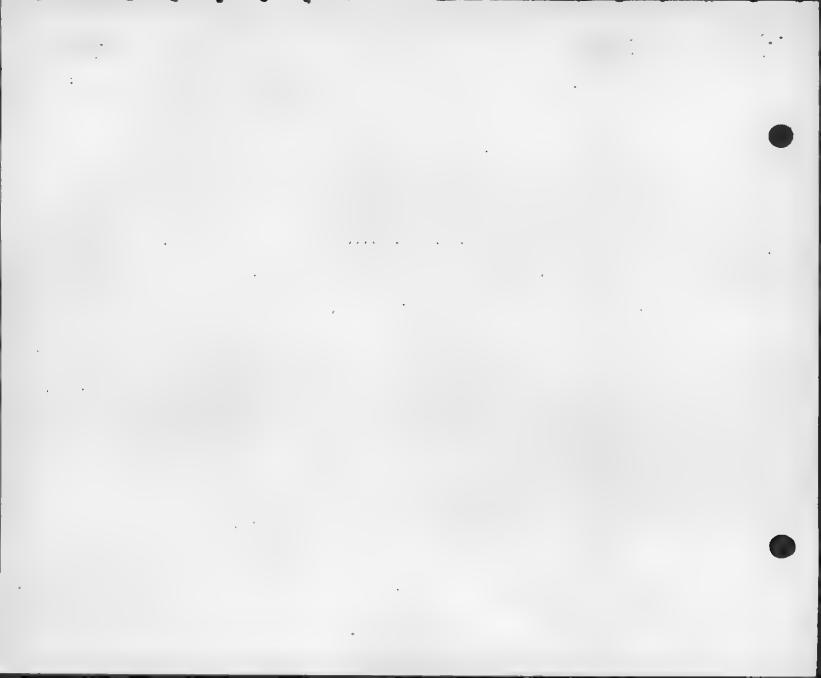
22b. DATE SIGNED

ral nd



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
· (M)	96666 CERTIFICATE OF DEATH 95652
leath leath	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
ter of	a. COUNTY Frederick  MARYLAND  B. STATE  D. COUNTY  Anyland  Frederick
s after by the ages rs afte	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
יוים יוים יוים יוים יוים יוים יוים יוים	Fred rick   Linutes   Rural - Adamstown
24 h	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e is residence On a farm?
	Trid rick Venorial Hospital   Route # 1   YES   NO X
ti ta a	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) SILLIE VILGINIA IISS DEATH ANY 25 19 07
comples we can	5. SEX   6. COLOR OR RACE   7 MARRIED   NOVER MARRIED   8. DATE OF RISTH   19. AGE (ID YEAR STEINDER 1 YEAR IS LINDER 24 HRS.
xecu and emo	Female White WIDOWED DIVORCEDarch 7, 1097 70 yrs. Months Days Hours Mrn.
	10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired)   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
icate be physicia n please val, and	Housevife   •••••••   Frederick County, Md.   U. S
certificate nd.ng physi Then ple removal, a	William A. Kessler Alberta Castle
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
at at	(Yes, no, or unknown) (If yes give war or dates of service)  - No 217 01 5068
⊕ <del>+</del> + <del>=</del>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
hat th ician. led by ltransi	PART I. DEATH WAS CAUSED BY: A cute Dulmonary edema
- co - co - co	conditions, If any, which ) BUE TO Recurrent myocardial infarct I hour
	gave rise to immediate
w requi	cause (a), stating the   DUE 10 Hypertensive and arterioscleratic Heart Disease App 15 yrs
Se h	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUXOPSY PERFORMED?
The all or a ficate or use or use Health	YES NO K
SICIAN: The hospital or hospital or sertificate sched for uspt. of Health	20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  BY CONTR BUTING [ CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  CONTROL OF FITHER NOTIFY MEDICAL EXAMINER)
YS is is	
ate of the	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m.
INDING PRING PRING PARTY AFTER STATE PRING PARTY	21. I certify that (I) (this hospital) attended the deceased from Sept. II, 1966, to MAY 25, 1967, that (I) (we) last
L OR ATTEND y be retaine DIRECTOR: age 3 should	saw the deceased alive on MAY 25 1962, and that death occurred at MISPM, from the causes and on the date stated above
OR A DE L	22a. SENATURE 22b. DATE SIGNED ATTENDING MED. STAFF
PITAL OR FERAL DIR Or, page	M.D. PHYS. DIRECTOR PHYS DIRECTOR PHYS 22c. PHYSIDIAN'S NAME (Type)
TO HOSPITAL Page 4 may TO FUNERAL I director, pai should be fil	NAME (Type)  Truicrick indical Center Francisch, a.
O HOS Page O FUN direct should	23a. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
FF	BURLAL Hay 29, 1967   Free ick emorial Park   Breerick ryland
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OF THE BUSINESS FORMS AC. DALTIMORE, MD 1201



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96667 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed led fine total Residence betwee admission) PLACE OF DEATH o STATE Maryland · COUNTY Frederick on tooms rv P.M.3. Page dartment CLENGTH OF STAY IN 1h b CITY OR TOWN alt outside corporate mits, puo write\_RURAL and give nearest town) Rockville Frederick ON A FARM? d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) along with farm 11212 Schuvlkill Rd. Rt. # 40 Pages hours after death 3 NAME OF Middle Lost 4 DATE Month First DECEASED lay 30,1967 KATHRYN A. MONT JOMERY within (Type or print) S SEX DATE OF BIRTH 6 CO OR OR PACE 7. MARR ED NEVER MARRIEO 🛣 last birthday Hour. 2/27/54 demale White DIVORCED W DOWED Office CV event and 12 CITIZEN OF WHAT 10h KIND OF BUSINESS OR 11 8 RTHPLACE (State or foreign country) 100 JSUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY 24 αпу Arizona Exominer s pages 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME pencil Edwin H. Montgomery Shirley Simpson File pup 5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Yes\_no, or unknown) (If yes give wor or dotes of service Med cal permit removo! Edwin H. Montgomery-Item & pending 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) CONSET AND DEATH buriol-fronsit PART I DEATH WAS CAUSED 8Y INTRACRANIAL IMMED ATE CAUSE (o) This certificate should the word mation. MUITIPLE SKULL Conditions, if any which gave rise to immediate couse (a), forwarded to DUE TO stoting the underlying couse 1 05 al, used 19 WA AUTOP PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? the certificate, 2nc EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 
CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED 4 should 20c TIME OF NURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Doy Yeor street off ce bldg etc) may be retained for yaur FUNERAL DIRECTOR: Poge ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection. Ingu ry and in my apinian the funeral directar. death resatted from: Suicide Hamicide Undetermined manner Natura rauses CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** Thomas, M.D. Robert Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) 50 REMOVAL (Specify) Gate of Heaven Burial Silver Spring Md. 25b REGISTRAR S SIGNATURE Funeral Home-1331 Rockville Pike 2So. REC'D 8Y REGISTRAR 24 FUNERAL DIRECTOR VE A15ME (5) DATE, 111A Rockville.Md. Muneta Juston 6M T/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. STATE Mary land Montgomerv MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lay is necessary 13 to the funera Page 5 may be b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Rockville Frederick d, STREET ADDRESS 6. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 11212 Schuvlkill Rd. Rt. # No X Sta DATE Month Year Last 3. NAME OF First DF May 30, 1967 DECEASED MONT TOMERY ROBERT н. DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEDX plast birthday) Months Hours , Min. Days White 5/15/57 Male WIDOWED DIVORGED 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) Colorado USA Student 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Shirley Simpson Edwin H. Montgomery 16, SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) Edwin H. Montgomery-Item No INTERVAL BETWEEN 18. CAUSE OF DEATH / Enter only one ceuse per line for (a), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO 3KULL FRACTURE Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X CERTIFICAT YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 펀돔 11/0 3 shou agent, (State) 208. PLACE OF INJURY (Home, farm, 20f. (Clty or town) MEDICAL 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at work 19 6 at work CTOR: Page designated and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy inspection the cert Undetermined manner Suicide Natural causes Accident Homicide Page 4 s 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE To DEPU.
please e
director.
retained to
9 FUNERAL D
f Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF Silver Spring, Md. Gate of Heaven 25a. REC'D BY REGISTRAR! 25b. HEI ISTRAR'S SIGNATURE Funeral Home-133 VR A15ME Rockville.md.

3500 4-64



## MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

DUPLICATE

Johnson Judge

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TO DEPUTY MEDICAL EXAMINER: This cer fecte should be executed within 24 hours ofter death

in pencil in Item 18 Give Pages

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Health prior to burial, cremation, or removal, and in any event within 72 haurs after death

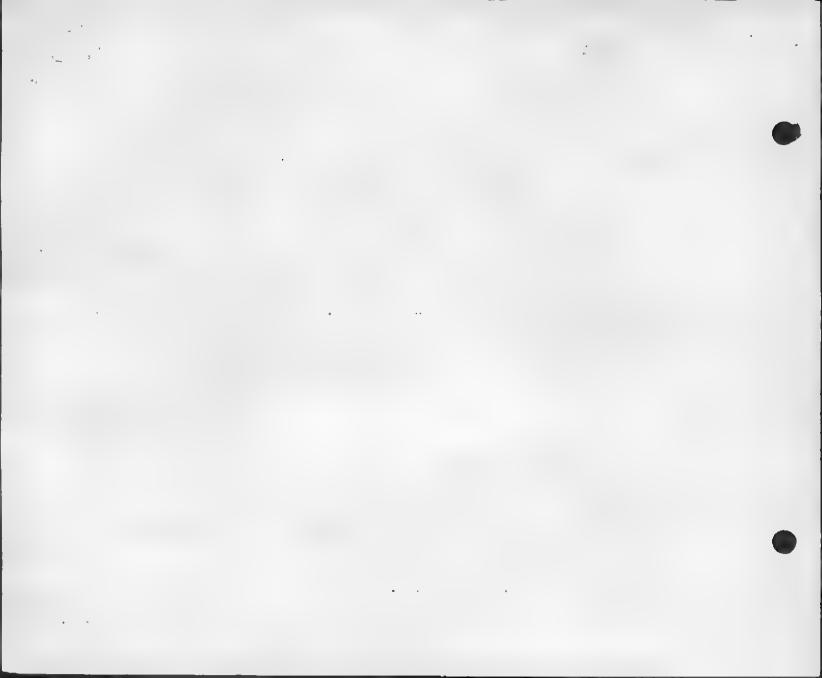
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TO FUNERAL DIRECTOR: ~ 'QE

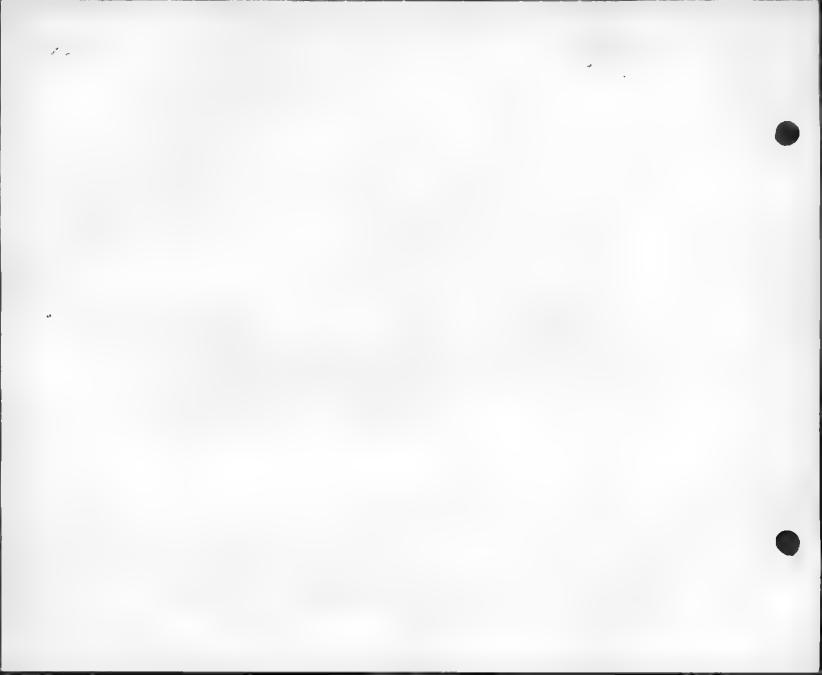
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Andrew K. Coffman, Euneral Home, Hagerstown, May 2 2 1967

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased year, finst tut on Residence PLACE OF DEATH o COUNTY o. STATE b COUNTY Marvland Frederick Frederick MARYLAND c CITY OR TOWN ( t outside corporate I mits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and que nearest townbural Frederick -- rural lu vrs. d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (It not in hospital, give street address) White Rock Rd. NO 🎞 4 DATE 3 NAME OF First Middle Last DECEASED Pryor May Reatrice DEATH (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS 9. AGE ( n years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Agen birthdoy) 7-22-7906 'emale White WIDOWED 12 CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Pennsylvania 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME al, cremation, ar removol Stella Furrick Boliver Louis A. INFORMANT IS WAS DECEASED EVER NOS ARMED FORCES? 16 SOC A. SECURITY NO. (Yes no prunknown) (If yes give war or dates of service) Pryor 5132 White RockRd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per signed by the bural-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions if ony, which gove " rise to immediate couse (a), DUE TO stating the underlying cause prior ta 1831 19 WAS AUTOPS Y PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Heolth YES 🔽 NO. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of minry in Part or Port 1 of Item 18) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURRED 20c. I.ME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. of work 21. I certify that (I) (this haspital) attended the deceased from director, page 3 should should be filed with the and that death accurred at 5 A M, from causes and on the date stated above. saw the deceased alive an 22b DATE SIGNED SIGNATURE () D RECTOR 22d. ADDRESS Frederick. Montelair 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23h DATE THEREOF 23a BURIAL CREMATION REMOVAL (Specify)
Burial Bethel Church of God Cermantown Fred 2Sb REG STRAR S SIGNATURE 250 RECD BY REGISTRAR 24 EUNERAL DIRECTOR DATE 20 M 1/66 and nont.

within 24 hours after death

low requires that the death

by the hospitol or attending physician.

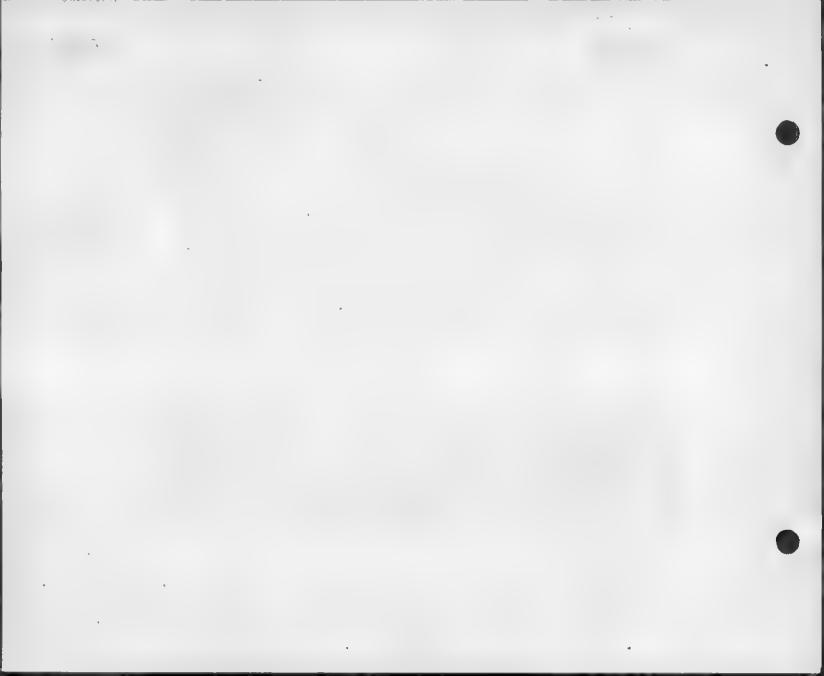
O FUNERAL DIRECTOR:



## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	1 PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if in							
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		write RURAL and give nearest town) Frederick			1 day		Jef	ferson	- Rural			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre				- U		d STREET ADDRESS				e IS RES	IDENCE FARM?
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	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	17 1	NFORMANT		Addre	226		
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			, which gove ) e couse (a),	(o)		A	eterioseker	05/5			INTERVAL BI ONSET AND	DEATH
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	L CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. D	ESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Port	If of item 18.)			, ,
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		220 SIGNATURE  Leifzurd C Ruga Pelos M.D. ATTENDING MED DIRECTOR STAFF 22b. DATE SIGNED  22b. DATE SIGNED										
		22c PHYSICIAN S NAME (Type		C. Rej	molds		22d. ADDRESS 804 Tol	l Hous	e AveF	rederi	ck, hd	•
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1		L.R.Etch		1	Frederick,	.id.				Elisale		الد

TO MESPITAL OR ATTEMBLE MASSICIAN: The low requires that the death certificate by executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Kiu director, page 3 should be detached for use as the burial-transit permit. Then please remaye earban papers. Page 1-should be tited with the State Dept. of Health prior to burial, cremation, or removal, and in any effect, within 72 hours after Page 4 may be retained by the hospital or attending physician VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	96673	CERTIFICATE OF DEATH	06659
	PLACE OF DEATH O COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution o. STATE // b. COUNTY	
	rederic	k. MARYLAND Maryland	Frederick
	b (TY OR TOWN (I outside respecte write RURAL and give necrest town)	mits, c LENGTH OF STAY IN 10 c CITY OR TOWN (If autistice carparate limits write RURAL	and give nearest fown)
L	Treditick	not a hospital, give street address)   d. STREET ADDRESS	e IS RES DENCE
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3	NAME OF	First Middle Lost 4 DATE Month	Doy Year
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-	SEX 6 COLOR OR RACE	7 MARR ED NEVER MARRIED B DATE OF BIRTH 9 AGE (In yeors /	FUNDER 1 YEAR IF UNDER 24 HRS
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	USUA, OCCUPAT ON (Give kind of work or ring most of working life, even if retired)	one 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) INDUSTRY	12 CITIZEN OF WHAT COUNTRY 2
L	FATHER'S NAME	14 MOTHER'S MA DEN NAME )	W.S.A.
13	19 Di	Palaria Fizila	
	WAS DECEASED EVER IN U.S. ARMED FOR		
{Yi	es, na, or unknown) (If yes give war or do	es of service 213-16-1848 Mr. Stanley Rice 39 Le	wer apt. Fred
F	1B. CAUSE OF DEATH (Enter only on PART I, DEATH WAS CAUSED BY		/ INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CA		11/
	Conditions, if ony, which gove }	(b) metrological Calman	1, ryeur
	rise to immediate cause (a),	OUE TO COMPANY CONTRACTOR OF THE TOTAL OF TH	
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CERTIFICATION	2Do ACCIDENT WAS UNDERLYING	205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18)	YES NO
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	saw the deceased alive a	hospital) attended the deceased from Complete 1960, to Mary 7	, 176/, Indi (1) (we) id nd on the date stated abov
	220 SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
	porta	M.D. PHYS. LI DIRECTOR LI PHYS LI	5-1-67
	22c PHYS CIAN S NAME (Type)	45 STONES 22d. ADDRESS Textering	12, 11
230	BURIAL, CREMATION, 236 DAT	THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town	(County) (Stote)
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24	4 FUNERAL DIRECTOR	ADDRESS 250 REC'D BY REGISTRAR 256 REGI	STRAR S'SIGNATURE

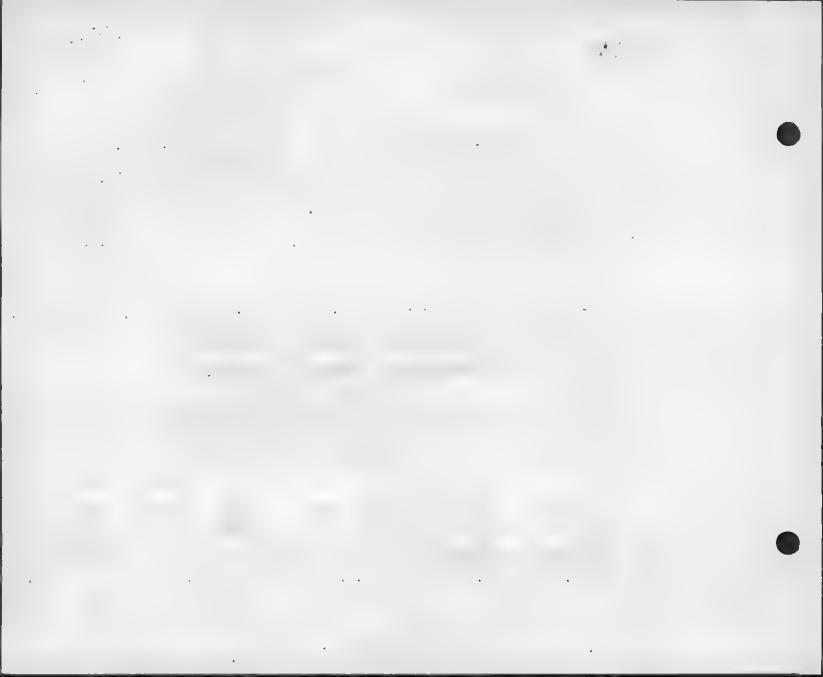
VR A15 (4) 20 M 1/66

TO MOSFITM. OR ATTENDING ENTRICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the naspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) 1 PLACE OF DEATH b. COUNTY o. COUNTY Frederick Maryland Frederick MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CTY OR TOWN (If autside corporate limits, write RURAl Tand Qura naciest Rown) Frederick days e S RESIDENCE d NAME OF HOSPITA. OR INSTITUTION ( finot in hospital, give street address) d STREET ADDRESS Twin Creek Plaza Apts.# Frederick Memorial Hospital executed within 3 NAME OF Middle 4 DATE Month DECEASEO HAROld 30, Kinehart May 1067 (Type or print) S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7 MARR ED NEVER MARRIED av D birthday) Oct. 27, 1904 White WIDOWED D VORCED Male On USUA, OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, ar fareign country) 12 CITIZEN OF WHAT 10b KIND OF BUS NESS OR the death certificate be dunketired of the Tell Manager York. Pennsylvania 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Carrie Mullican John Rinehart 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Twin Creek Plaza (Yes, no or unknown) (If yes give wor or dates of service) Mrs. Virginia C. Rinehart Ants 173-03-6415 1B. CAUSE OF CEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH signed by the burial-transit PART I CEATH WAS CAUSED BY ONGFSTIVE IMMEDIATE CAUSE (o) DUE TO Conditions, fany which gove rise to immediate couse (a), DUE TO stating the underlying cause lost. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B) 20a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) Hour am. factory, street, affice bldg., etc.) at work ot work TO FUNERAL DIRECTOR: After deceased fram NOV , 19 66, to 5 /30 , 1967, tha (1) (we) last 1967, and that death accurred at 11 49a M, fram causes and an the date stated above. 21. I certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an 5/34 22b DATE SIGNEO 22n SIGNATURE 22c. PHYSICIAN S NAME (Type) Dr. Richard C. Reynolds M.D. Frederick. Md. House Avenue 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b OATE THEREOF (County) (Stote) 23a BURIAL CREMATION, REMOVAL (Specify) 6-2-1967 Walkersville, Maryland Glade Cemetery ADDRESS 25a REC'O BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Frederick. Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21-201 p. 4

7	06675	CERTIFICAT	E OF DEATH		A9001
hours ofter death	PLACE OF DEATH O COUNTY Frederick	MARYLAND	o STATEarvland		erick
	b CTY OR TOWN (If outside corporate limits write R. RAL and give negrest town) FIGGSTICK	inutes	Rural - Fre	e corporate limits, write RURAL or ederick	
	d NAME OF HOSPITAL OR NST TUTTON (final in		Route # 3,	Frederick	Ø IS RESIDENCE ON Å FARM? YES NO 🔀
3	NAME OF First DECEASED (Type or print) HINVEY	M ddle FRAI/KLII!	Lost 4 RIPPEON, JR.	DATE Month OF DEATH	Doy Year 20 9 57
		MARRIED 3 NEVER MARRIED UNIVORCED UNIVORCED	8 DATE OF BIRTHay 6, 1929	38 birthdoy) Moi	UNDER I YEAR IF UNDER 24 HRS onths Doys Hours Min
, d	o USUAL OCCUPATION (Give kind of work done ring most of working life even if retired) Day a render was FATHER'S NAME	10b K ND OF BUSINESS OR NDUSTRY Dennis Body Shop	IN BIRTHPLACE (County & Store Frederick County & Store 14. MOTHER'S MAIDEN NAM!	unty, ryland	12 CHIZEN OF WHAT COUNTRY? U. D. A.
	Harvey Franklin 121 WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown)	16. SOCIAL SECURITY NO 7	INFORMANT	abeth Lartin Address eon, (Same as it	and the land
	18 CAUSE OF DEATH (Enter only one couse part I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o).  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (c) (c)	(Mule Co.	aranj cl		INTERVAL BETWEEN ONSET AND DEATH
CEPTHELICATION	PART II OTHER SIGNLE CANT COMMITTIONS CONT  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	205 DESCRIBE HOW NJURY OCCURRED			PERFORMED?  YES NO
MED CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c T ME OF INJURY Month, Doy, Yeor Hour a.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that (I) (this hospit saw the deceased alive an	tal) attended the deseased fram_		M, fram causes and	
	220 S GNATURE  22c. PHYSICIAN S NAME (Type) Robert	S. Hughes, ii. D.	22d. ADDRESS		22b. DATE SIGNED
	o Burial, Cremation, REMOVAL (Specify)  Burial 23.	of 23c NAME OF CEMETERY OF 1967 Locust Grove	Cemetery	23d. LOCATION (City or Town)	(County) (State)
	1. R. stchison & S	on. Friderick, par	BOOT		CALBO JA. C. S.C.

R. Atchison & Son, Friderick, Laryland



	MARYLAND STATE DEPARTMENT OF HE	ALTH		
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.				
	06676 CERTIFICATE OF DEATH	9888		
1.	PLACE OF DEATH  2. USUAL RESIDENCE (W	Vhere deceesed lived, if institutions Residence before ad	Imtasio	
	b. CITY OR TOWN (if outside corporate Limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate Limits,	b. COUNTY  ida corporate l'mits, write RURAL and give nearest town	T	
	write RURAL and give nearest town) Frederick  2 yrs.  Mt. Ala	24		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	a. IS RES		
and the same	INT MICK L'UKSING & CON ARE SENT AND ROC	YES X	NO [	
3	DECEASED	DATE Month Day Yeer OF MARK 17	-	
K		DEATH MAY 12 19 G	1	
1	FIT A / F	9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 last birthday) Months Deys Hours	Min.	
10	is. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 RETHERACE COURS & S	Stale, or fora an country; 112, CITIZEN OF WHAT CO	DUNTR	
ď	one during most of working life, even if relired)  FARM  FARM	and was no		
13	FATHER'S NAME	E		
	L'Illian P'AC A JERICK CHARA I	111 CA		
1s {Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (4) 14	Addrass		
	10 management 212-24-3751/ 12/1/ 2 6 1	Jek .		
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWO		
	IMMEDIATE CAUSE (a) MCOTE CONSESSIVE MEAN	lailore 1 24 hi	rs	
	Conditions, it any, which ) (b) Arterio Sclerotic Heart	Disease 15 V	cc	
	gave rise to immediate cause	, , , ,		
	(a), stating the underlying cause lest. (c)			
Z O		ISEASE CONDITION GIVEN N PART 1(a) 19 WAS AU		
CAT	Cerebro vascular Thrombosic with left hemi	plegia YES N	10 🗵	
CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURRED TEntal neture of nury in Part I OR CONTRIBUTING CAUSE OF DEATH   IF EITHER, NOTIFY MEDICAL EXAMINER)	I dr Part (FS) (tam 18.)		
MEDICAL	20c. TME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 120) Hour a.m. While Not While factory, street, office bldg., etc.)	01. (City or town) (County) (S	itate)	
ME	p.m. 19 at work at work			
	21. I certify that (I) (this hospital) attended the deceased from	7 to MAY 12 , 1967 that (1) (w	ve) la	
	saw the deceased alive on	A, from the causes and on the date stated a	abov-	
	228, SIGNATURE  ATTENDING M.D. PHYS.  M.D. PHYS.	STAFF	SIGN	
	22d. ADDRESS			
	NAME (Type) ROLPH L.MICHELS Frederick 100	dical Center-Frederick-da		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d	d. LOCATION (City, town or county) (Stell	la)	
	Murial May 15-1967 Frederick Memorial Park	Frederick, Md. 21701		
24	FUNERAL DIRECTOR'S SIGNATURE Elwood T. ADDRESS Whitmore 250 REGODSY	REGISTRAN 256 JEGISTRAN SIGNATURA		
	M.R.Etchison & Son Frederick, Md.21701 DATE 1	U U		

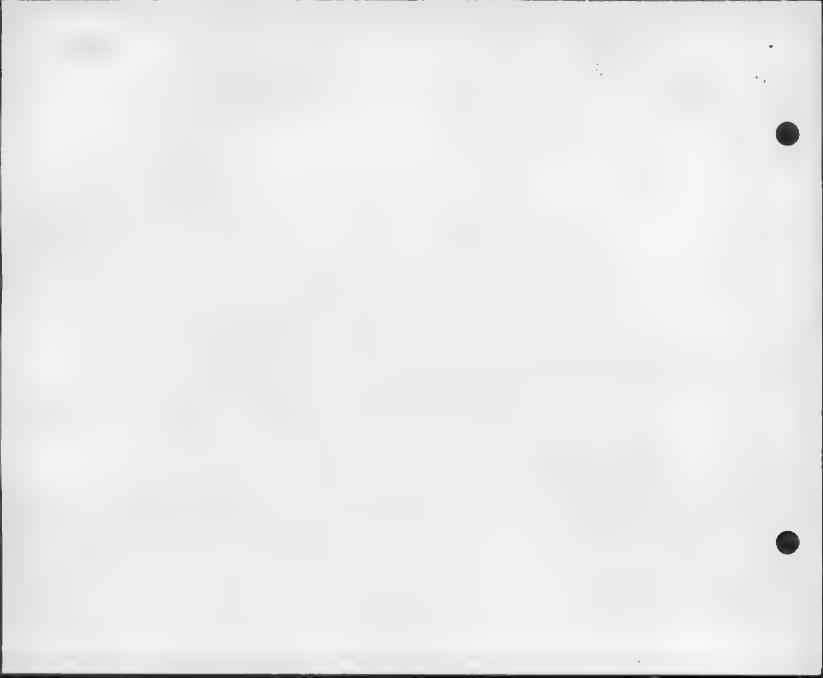


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2667	7	CERTIFICATE	OF DEATH		05663		
PLACE OF DEATH O COUNTY L'redor		MARYLAND	o. STATE	Where deceosed fived, if institution R b COUNTY Frede Utside corporate limits, write RURAL or	rick		
write RURAL of Freder	nd give neorest town)	Days	Point of		e IS RES DENCE		
	Lemorial Hospita		d. FALLY ADDRESS		DN A FARM? YES NO EX		
3 NAME OF DECEASED (Type or print)	Howard	E(war S	SCHEETZ	4. DATE Month OF MAY	30 19 G 7		
s sex Ma <b>le</b>	6. COLOR DR RACE 7. MARRIE WIDOWE	THE RELEASE IN THE RE	8. DATE OF BIRTH pril 16,190	Inst hirthdox) Moi	NDER 1 YEAR   IF UNDER 24 HRS		
during most of working most of working maborer 13. FATHER'S NAME	ng life, even if retired) COI	KIND OF BUSINESS OR INDUSTRY nstruction	Point of 10	locks, Laryland	12 CITIZEN OF WHAT COUNTRY? U. S. A.		
1S. WAS DECEASED E	y Scheetz VER IN U.S. ARMED FORCES? (If yes give wor or dotes of service)		NFORMANT	Address Address Adcock, Doubs, L.	aryland		
PART I. DE		Jassive Cen Perelanal	abent	soluris	ONSET AND DEATH		
PART I OTHER SIGNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON G VEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES NO  200 ACCIDENT WAS UNDERLYING 1 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING 1 CAUSE OF DEATH							
20c. TIME OF IN	o.m. Wh	I INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, forn ory, street, office bldg., etc.)	n, 20f. (City or town)	(County) (Stote)		
saw the		ended the deceased fram	MAT 17, t deoth occurred at	7.20 PM, from couses and	an the date stated abov		
220. SIGNATUR	Pl L. Mus	S MI	ATTENDING PHYS 22d ADDRESS	MED. DIRECTOR PHYS   2	26. DATE SIGNED MAY 31, G7		
22c. PHYSICIAN NAME (Ty	Ralph L. MICH	ELS		ENTER, FREDE	RICK, HD.		
230 BURIAL (REMA REMOVAL (Spec	June 2, 196		metery	23d LOCATION (City or Town) Point of Rocks	, aryland		
24. FUNERAL DIREC	terison a bon.	trederick am	1111		ARS SIGNATURE		

TO FUNE III DIRECTOR: After this certificate has been signed by the mitending physician and completely filled in by the funeral director, page 3 should be detached for use as the bural-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, ar remayol, and in any exempt within 72 hours other. Sept. OR ATTENDING PRYSICEN: The law requires that the dwarh cert ficate by Executed within 24 hours after death TO NESPITAL OR ATTINING FRYSICAN: The law requires that Page 4 may be retained by the hospital or attending physician.

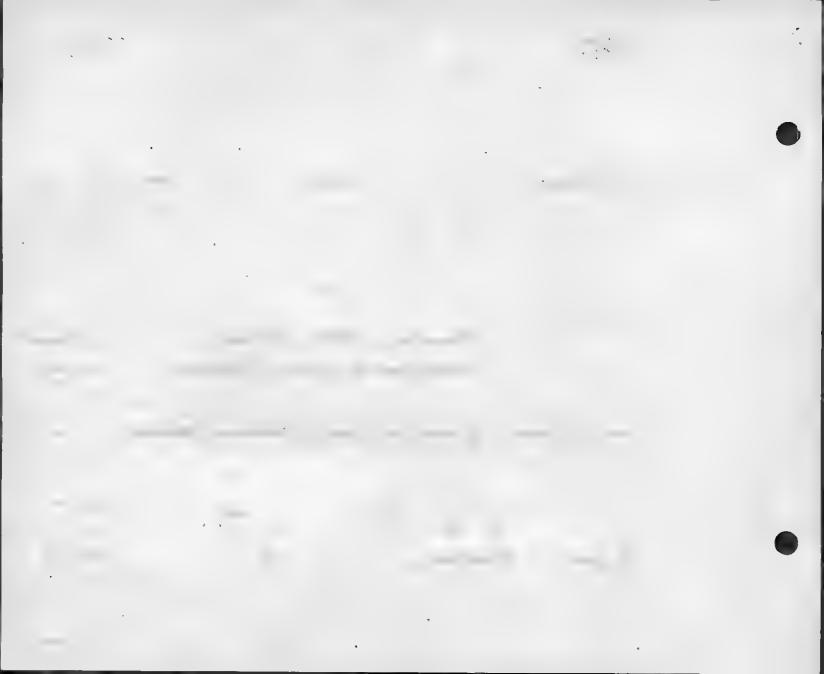
VR A15 (4) 20 M 1/66





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36673 CERTIFICATE OF DEATH pud 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission Tuneral Tond PLACE OF DEATH b COUNTY o. COUNTY o. STATE Frederick Maryland Frederick MARYLAND c LENGTH OF STAY IN 16 c C TY OR TOWN (If outside corporate imits, write RURAL and give nearest town) b (ITY OR TOWN ( floutside corporate imits s ray write RURAL and give nearest town) Frederick Lifetime Fre erick e IS RES DENCE ON A FARMS d NAME OF HOSPITAL OR INSTITUTION ( finot in hospito, give street oddress) d STREET ADDRESS papers hin 72 h 523 N. Market St. Frederick Memorial Hospital YES [ NO A Month completely f nove corban | M-ddle Lost DATE WI# 3 NAME OF Yeor DECEASED remove corbu (Type or print) TRANKLIA Nathan PHIPLEY DEATH certificate be executed IF UNDER 1 YEAR 9 AGE (In years 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) May 9-1887 WIDOWED DIVORCED White Male and 11 BIRTHPLACE (County & State or foreign country) 12 C TIZEN OF WHAT 100 SUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR ond in ( eose during most of working life, even if retired) Bottling Works U.S.A. Frederick Co. Ad. Officer 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME removal, phy ing phy Then Mary E. Kettler Wm. H. Shipley 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SECURITY NO death (Yes, no, or unknown) (If yes give wor or dates of service) 20 Charles T. Haugh-Mt. Pleasant-Ild. 2111-10-5605A Mar burnal, crematiun, 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b) and (c)) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH. ONGESTIVE IMMEDIATE CAUSE (o) by the hasp tal or attending physician 4310 DUE TO HEART DISEASE ARTERIOS EXERUTIC Conditions, if any, which gove rse to immed ofe couse (o), DUE TO stotung the underlying couse as the prior to b last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? PAGET'S CEREBRAL THROMBOSIS YES 🔽 NO certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of term 18.) ō detached f te Dept of t OR CONTRIBUTING TO CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAM NER) 2Ge PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Hour om Not While ATTENDING ot work at work 21. I certify that (1) (this hospital) attended the deceased fram. 19 60 ta **) FUNERAL DIRECTOR:** Affi director, page 3 should be should be filed with the Si Page 4 may be retained 19 67 and that death accurred at 2 p. M. from causes and an the date stated above saw the deceased alive on S 22b. DATE SIGNED 220 SURNATURE STAFF MD DIRECTOR PHYS. director, page 3 should be filed v PHYS 22c PHYSIC ANS House Ave .- Frederick, Md. Richard C. Reynolds NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BUR AL CREMATION, REMOVAL (Specify) Frederick, Ld. 21701 Lt. Olivet Cemetery May 6-1967 0 250 REC D BY REGISTRAR 25b \_ REGISTRAR S S GNATURE 24 FUNERAL DIRECTOR 1967 Frederick, Md.2170 VR A15 (4) M. Etchison & Son 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

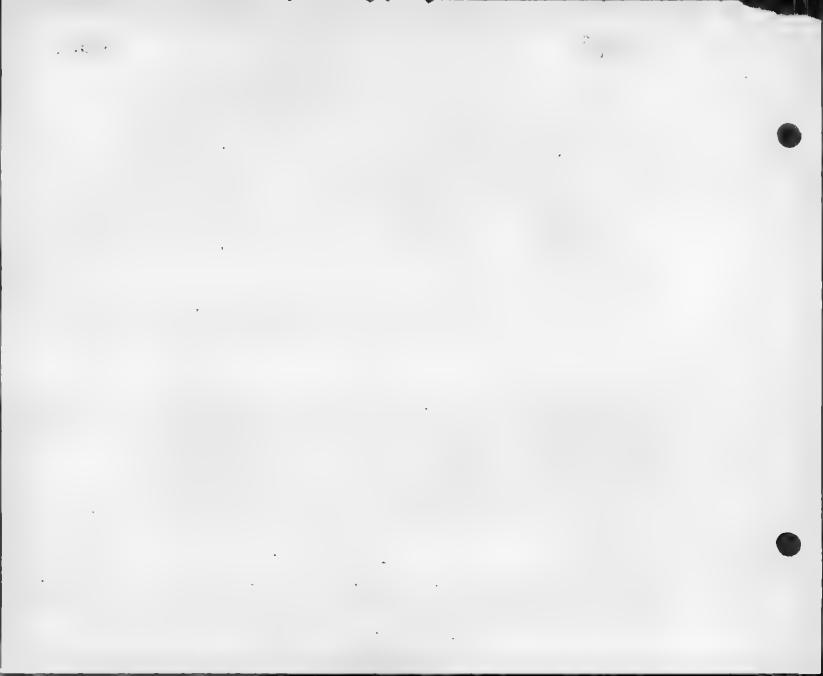
36680	CERTIFICAT	E OF DEATH		08886		
1. PLACE OF DEATH OCUMIY Frederick	MARYLAND	2. USUAL RESIDENCE (W o. STATE	there deceased lived, if institution b. COUNTY Fred			
b CITY OR TOWN (If outs de corporate I'm ts, white RURAL and ave frequent town)	c LENGTH OF STAY N 1b	c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)  Frederick				
d NAME OF HOSP TAL OR INSTITUT ON (If not in	hospital, give street address)	d STREET ADDRESS		B IS RESIDENCE ON A FARM?		
Vindabona Conv. & Rest	Home	Brooklawn s	partment	YES NO TO		
3 NAME OF First DECEASED (Type or print) VItalia	Midd e USJ: R	SHKlideR	4 DATE Month OF DEATH	Dov Year 25 19 07		
	MARR.ED X NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH August 30,18	lost birthdov)	IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Doys   Hours   Min		
100 USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b KIND OF BUSINESS OR INDUSTRY	Huntington	& State or fore gn country) Pa	12 CTIZEN OF WHAT COUNTRY?		
13. FATHER S NAME		14. MOTHER'S MAIDEN N	IAME			
Cyrus J. Lusser		Nettie 1	owry			
15 WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of se		Ward D. Shrin	Address ner, Jr.(Same a			
18 CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). UDUE TO Conditions, if ony, which gave ) (b)	per line forty), (b), and (c))  erefred by	Cardin la	sculer Lives	NTERVAL BETWEEN ONSET AND DEATH		
rise to immediate couse (o), stoting the underlying couse (c)	arture	ochrones	1_3	·		
PART II OTHER S GNIFICANT COND T ONS CONT	RIBUTING TO DEATH BUT NOT RELATED A	O THE TERMINAL DISEASE CON	DITION G VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO 🔀		
20% ACCIDENT WAS UNDERLYING CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCR BE HOW INJURY OCCURRE	O (Enter noture of injury in F	fort I or Port II of Item 18.)			
20c T.ME OF NJURY Month, Doy, Year Hour o.m.		LACE OF INJURY (Home, form octory, street, office bldg, etc.)		(County) (State)		
21. I certify that (I) (this hasper saw the deceased alive an <u>h</u>		death occurred at	9 <u>65</u> , to <u>May 25</u> 2 AM, fram eauses a	, 1967, that (I) (we) las nd on the date stated abave		
220 S.GNATURE C. Churtin	Garre Sz	M.D PHYS.	MED STAFF DIRECTOR PHYS.	22b DATE SIGNED May 25, 1967		
22c. PHYSICIAN'S NAME (Type) A. Austin	Pearre, Sr. M. D.		urch Street, Fr			
230 BURIAL (REMATION, 230 DATE THERECO	1907 Mount Olivet	Cemetery		ryland		
24 FUNERAL DIRECTOR Server	n . Son, Freu rick	4	4	ISTRAR'S SIGNATURE		
11. 1.0 FIDOUTESO	ir c. oons Fred Titer	FIST A TIONARY	17 20 1881 4	4.6		

ID MONITAL OR ATTENDING PHYBICIAM: The low requires that the dwath certificate be executed within 24 naurs after dwath

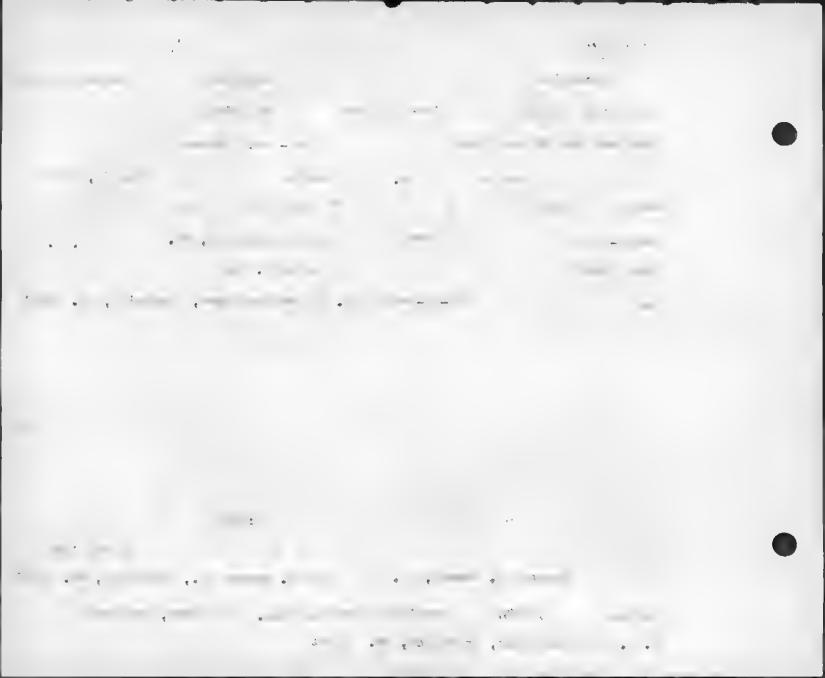
Page 4 may bill retained by the hosp tal or attending physician

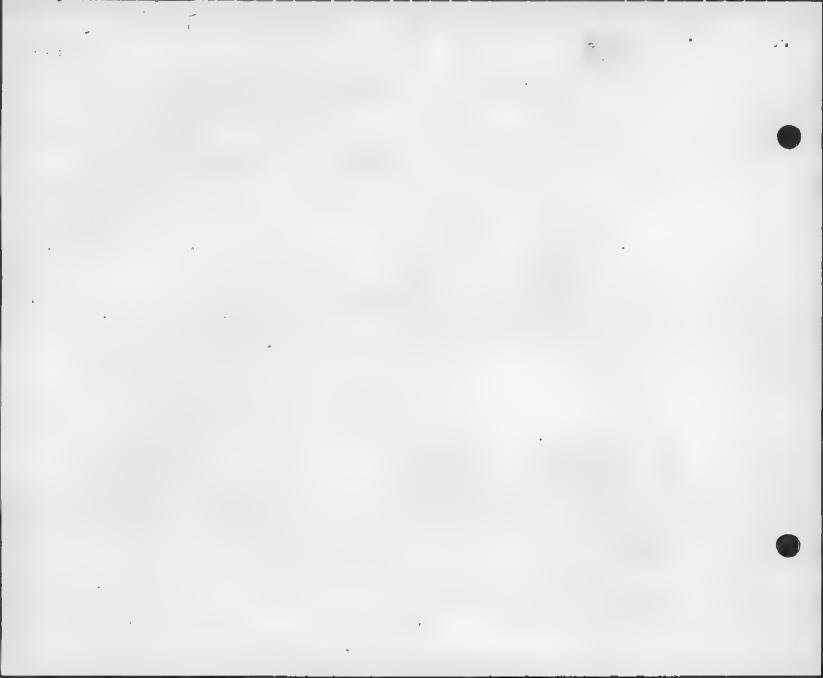
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the for director, page 3 should be detached for use as the bural-transit permit. Then please remave carbon appers. Pages (I should be filed with the State Dept, of Health prior to burial, cremation, or remaval, and in any evert, within 72 hours after

VR A15 (4)



20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 96683 requires that the death certificate be executed with n 24 haurs after death campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission o COUNTY rederick c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( I outside corporate limits write RURA, ond give nearest town) Frederick Days d STREET ADDRESS e TRES DENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) Frederick Memorial Hospital Tower aparthent YES NO X M dd'e 4 DATE 3 NAME OF Month DECEASED OF DEATH JOHN (Type or print) AGE ( n years IF UNDER 1 YEAR 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARR ED NEVER MARRIED last birthdoy) Doys Months Hours 1 DIVORCED White WIDOWED January 26, 1896 physician and hen please remi 12 CIT ZEN OF WHAT 10o USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) COUNTRY INDUSTRY during most of working life, even if set red) actired Fred rick County, 1.d. Ox-ribre grush Co. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME remova Richard V. Starr Mary Warthen 17 INFORMANT IS WAS DECEASED EVER NOS ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no or unknown) (If yes give wor or dates of service) Earl F. Starr. Route #5. Frederick crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per ne for (o) (b) and (c) -QNSET AND DEATH **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the director, page 3 should be detached for use as the burnal tronsit shauld be filed with the State Dept. of Health prior to burial, crematic PART I DEATH WAS CAUSED BY MMED ATE CAUSE (o) the hospital or attending physician. DUE TO Conditions if eny, which gove (b) ase to immediate couse (a). DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 200 ACC DENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Hem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form 20d IN.JRY OCCURRED (City or town) (County) 20c TIME OF MILLRY Month, Day, Year factory, street, office bldg., etc.) Hour om. While Not While O HOSPITAL OR ATTENDING at work of work 21. I certify that (I) (this hespital) attended the deceased from 4 may be retained L, and that death occurred at 1. 11 M, from causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE **ATTENDING** may 25, 1967 M D PHYS D RECTOR PHYS 22d ADDRESS 22c PHYSIC ANS NAME (Type) S. Hulhes, L. D. 700 ontclaire avenue, Free rick, ..d. Robert 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 236 DATE THEREOF (Stote) REMOVAL (Specify) Mount Olivet Cemetery Fragerick. arvland 250 RECD BY REGISTRAR 24 FAMERAL DIRECTOR VR A15 (4) M. R. Etchison & Son, Fr derick, Maryland DATE 1118 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	76684	CERTITIONIE	OI DEATH		00010
death	PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceased lived, if institution	n Residence before admission)
haurs offer de	o. COUNTY Frederick	MARYLAND	o. State Haryland	b. count	derick
	b. CITY OR TOWN ( f outside corporate limits,		CITY OR TOWN ( f outs	de corporate limits, wr le RURA	
	write RURAL and give nearest town)		Adamstown	au corpo oro mino, miro com	
$\vdash$	Frederick d NAME OF HOSPITAL OR INSTITUTION (If no	Days	d STREET ADDRESS		l e IS RESIDENCE
q					ON A FARM?
	ederick Memorial Ho		Agamstown		YES 22 NO
	NAME OF TO A D L FM	st Middle	Lost	4 DATE Month	Doy Year
	(Type or print)	- G. //	8 DATE OF B RTH	DEATH 9 AGE (In years)	F UNDER 1 YEAR 1 JE UNDER 24 HRS.
	SEX 6 COLOR OR RACE	THE TEN TO THE TEN		ost b rthdey)	Months Doys Hours Min
11	ale white		Jan. 5, 1883	4 5112	L NO CITIZEN OF HILLAT
10p	JSUA, OCCUPATION (Give kind of work done inc. most of working life, even if retired)	106 KIND OF BUS NESS OR INDUSTRY	11 BIRTHPLACE (County &		12 CITIZEN OF WHAT COUNTRY?
-	ing most of warking life, even if retired)	Farmer	Frederick Co		Un Da Ale
13	FATHER S NAME		14 MOTHER'S MA DEN NA		
	John Franklin T			len Zimmerman	
15	WAS DECEASED EVER N S ARMED FORCES? is, no, or unknown) (If yes give wor or dotes of	(convice)	INFORMANT	Addres	
fie	110	217 10 9375 R.	Monroe Thoma	as, Adamstown,	Haryland 21710
	18. CAUSE OF DEATH (Enter only one cour	se per line for (o), (b), oud (c).)	7. 1.	1 241 2	NTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE I	(a) Cl (1+50+ /	(11/1 /2)	(1-11/ 4/14)	ONSET AND DEATH
	OUE DUE	TO Charles	for cal		1 15 1/11
	Conditions, if ony, which gove	b) U WHAL CEL	will. Jet	126	11 9100
	nse to immediate couse (a), { stating the underlying couse { DUE	TO			
		(c)		<u> </u>	
Z	PART I OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
ATIO	A IttiU	0 - Solitete (	_ V.D _		YES NO 🔀
CERTIF CATION	20a ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt ar Part II af item 18)	
9	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MED CAL	20c TIME OF INJRY Month, Day, Year Hour o.m		CE OF INJURY (Home, farm, tory, street, office bldg, etc.)	20f (City or town)	(County) (State)
M	p m 19	of work of work	1	12. 1416 15	1-1
	21. I certify that (I) (this has	pital) attended the deceased fram 🗸			2 , 192 /, that (I) (we) lo
	saw the deceased alive on	Man 2 196 1, and tha	t death accurred at/	1.45/7M, fram capses o	nd an the date stated above
	220 SIGNATURE	11 2 14 12	ATTENDINGN	NED STAFF	22b DATE SIGNED
	1 Stilled	C. M. Mintes fam	D PHYS L D	RECTOR PHYS	11 do 1 14/
	22c. PHYSICIAN S	m: - 4	22d. ADDRESS	and Other to Th	2 /2 2
	rnard 0,	Thomas, Jr. M. D.		ket Street, Fr	
230	BUR AL CREMATION, 23b DATE THE			23d LOCATION (City or Tow	n) (County) (State)
	REMOVAL (Specify)	, 1907 _ount Olive	Cemetery		ryland
1 24	FUNERAL DIRECTOR SEVELEE	a - in ADDRESS Frede	elecy 250 REC'D E		ISTRAR S SIGNATURE
*)	tchicon	& Son Frederick wa	my and nMAY	4 10	and the same of th



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY a. STATE MARYLAND

USUAL RESIDENCE (Where deceased lived, If institution: Residence b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick Marvland papers. Pages h.n 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Days Ijamsville Fraderick Rural e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? with.n lle NO X Frederick Memorial jams vi YES Hospita remove carbon prant any event, with. 3. NAME DE First Middle Last 4. DATE Month Year DECEASED OF (Type or print) DEATH Thompson

8. DATE OF BIRTH 19,67 Elizabeth May 25 Dorothy 6. COLOR OR RACE 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 🟋 NEVER MARRIED last birthday) | Months | Days Hours | Female Negro

10a. USUAL OCCUPATION (G vek nd of work done during most of working life, even if retired) DIVORCED 3-11-1916 eane re Fing Thysician Then pleame r 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) INOUSTRY COUNTRY? Frederick Maryland
14. MOTHER'S MAIDEN NAME 36363636363636 Domes tic removal, Jane Biggus Benjamin Frank Onley WAS DECEASED EVER IN U.S. ARMED FORCES? MATY Addras ame ville, Md 16. SOCIAL SECURITY NO tramit permit. (Yes, no, or unkown) | (If yes give war or dates of service) 3535353535 No 214-14-66 Thompson CAUSE OF DEATH | Enter only one cause per line INTERVAL BETWEEN beem signed by the burial-tramit ONSED AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. 35 PART II, OTHER SIGNIFICANT CONDITIONS CONTR ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) **UV**AS AUTOPSY for use Health PERFORMED? CERTIFICATI NO YES this cerum detached fo 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. - Not While After Id be d at work \_\_\_ at work 21. I certify that (i) (this hospital) attended the deceased from 19 6 , that (I) (we) last 3 should with the and that death occurred at 19 67 PM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. page ATTENDING M.D. DIRECTOR TO FUNERAL I director, pa should be fil ADORESS PHYSICIAN'S NAME (Type)

Dr. Charles Conley Jr Prof Bldg.Frederick.Md

DATE

23a. BURIAL, CREMATION., 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 5-29, 1967 Church Ebeneezer

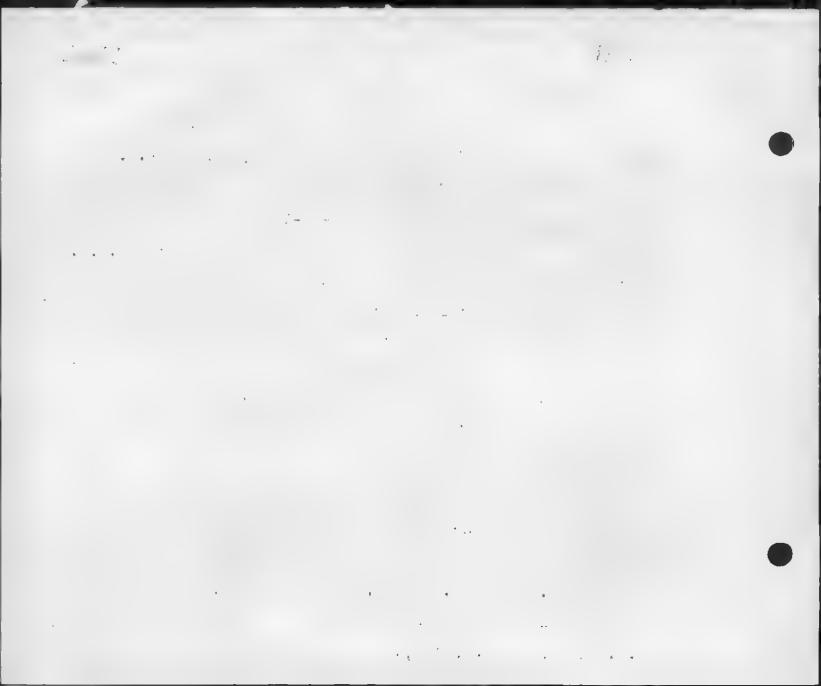
jamsville Fred Co.Md REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

LOCATION (City, town or county)

C.E. Hicks. 111 Frederick. Md

(State)

VR AIS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36686 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b COUNTY Frederick MARYLAND Maryland Frederick b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ote RURAL and give nearest town) Middletown years S RES DENCE ON A FARM? a NAME OF HOSPITAL OR INSTITUTION ( fingt in hospital a ve street address) d STREET ADDRESS YES NO X First Midnle 4 DATE Month ÔF. Homer Ernest Toms (Type or print) DEATH 6 COLOR OR RACE 8 DATE OF BRITH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED NEVER MARR ED Jast birthaay) Months white WIDOWED D VORCED 2 GT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (County & State, or foreign country) COUNTRY? during most of working te, even if retired) JNDUSTRY church Frederick Co. . Md sexton 13. FATHER'S NAME Toms Arch I Mary Snurr 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) Mildred Toms, Middletown, Md 18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if only, which gove (b) rise to immediate couse (o). DUE TO stating the underlying couse 19 WALAUTUPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o ACC DENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of term 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form (City or town) 20c. TIME OF INJURY Month, Day, Year 20d JAJURY OCCURRED Hour am foctory, street, office bldg , etc ) While Not While of work L of work 1% 7 that (I) (we) last 21 I certify that (1) (this hasp to) attended the deceased from Thay 1967 to /nay 31 10 1, and that death accurred at 1.30 M, from causes and an the date stated above saw the deceased at ve an\_ 220 SIGNATURE 22b DATE SIGNED MD PHYS DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Dr Elmer Harp Middletown. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City of Tower buria! Iutheran Cemetery Middletown 250 REOD BY REGISTRAR 24 FUNERAL DIRECTOR

DATE

Company, Middletown, Md.

director, page 3 should be defacted should be defacted by the state Department of the state of VR A15 (4) 25M 1/67

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certificate be executed within 24 haurs after death.

death

OR ATTENDING PHYSICIAN: The law requires that



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	16687 CERTIFICATE OF DEATH	05673
1.	PLACE OF DEATH  2. USUAL RESIDENCE (Whare deceased lived, if institute the state of	
	Frederick, Manyland Md. Fred	lerick
	b. CITY OR TOWN (if outside corporate I mits, write RURAL end give neerst lown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerst lown)	AL and give nearest town)
	Frederick. 9 Yrs Frederick	
	d NAME OF HOSP TAL OR INSTITUT ON (if not in hospita, give street address)  d STREET ADDRESS  Application of the company of th	a IS RESIDENCE ON A FARM?
T	1730 N. Market St., Frederick, Md. 1300 N. Market St.	YES NO X
	NAME OF first Middle Last 4. DATE Month DECEASED	Day Year
	(Type or print) Fama R. Warner Death May	22, 1967
5.	last birthday) Mon	DER 1 YEAR   IF UNDER 24 HRS   Hours   Min.
10	WIDOWED DIVORCED , ALL STATE S	1 10
do	iona during most of working his, aven if relired	2. CITIZEN OF WHAT COUNTRY?
17	Housewife Md.  3. FATHER'S NAME	U.S.A.
J.	John T. Richter Rebecca Stephen	
15.	5. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Y,	(as. qq. or unkown) (lifyasgive war or datasof service) 216-48-6391 Jl Mr. Arthur Bickell = 1300	
-	18. CAUSE OF DEATH [Enter on y one cause per one for (a,, (b, and (c).]	rick, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	DUE TO	1 4 7
	Conditions, if any, which \ (b) (21-1). (b) Called Selection	desam
	gava risa to immediate causa (a), staling the undarlying DUE TO	
	cousa lest. (c) Generaliza le le anotelean	year,
NOIL	PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT		YES NO N
CERTIFICA	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part II of Itam 18.)  OR CONTRIBUTING CAUSE OF DEATH	
WEDICAL	2Dc. TIME OF INJURY Month Day, Yaar 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 120t. (City or town) factory, street, office bldg., etc.)	(County) (State)
×		
	21. 1 certify that (I) (this hospital) attended the deceased from the second f	
	saw the deceased alive on	
	220. 5 GNATURE ATTENDING MED STAFF	22b. DATE SIGNED
	M.D. PHYS. DIRECTOR PHYS.	,
	NAME (Type)	t ,
23	Jo. BUR.AL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, form or	county) (Stata
	REMOVAL (Specify) 5/25/67 It Intimo Constitution of the	~ 7-1-x -
24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 250, REC'D BY REGISTRAR 256, REGISTRA	AR'S SIGNATURE
	2.5. 2 copies of the stander med part 23 1501	11
27	the state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 96688 low requires that the death certificate be executed within 24 hades after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Frederick o COUNTY b. COUNTY Marvland Frederick MARYLAND Poges C LENGTH OF STAY IN 15 c CITY OR TOWN (If acts de carparate limits write RURAL and give nearest tawn) b CTY OR TOWN (If outside carparate limits, write RURAL and give negrest town) Thurmont 5 years Braddock Heights d NAME OF HOSPITA. OR NST "UTION Is not a hospital give street address)
Vindobona Nursing Home d. STREET ADDRESS e IS RES DENCE ON A FARM Carroll St. YES NO X and completely to 3 NAME OF M:drtle 4 DATE Month OF DEATH Men (Type or print) YEAR 8 DATE OF BIRTH 9 AGE (In years IF ...NDFR 7 MARRIED NEWER MARRIED (Spirthdoy) Nov. 18,1868 WIDOWED TO D VORCED 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 SUAL OCCUPATION (Give kind of work done IOH KIND OF BUSINESS OR physican ar during most of working life, even if retired)
Undertaker NDUSTRY Own Business COUNTRYSA Maryland 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME or removol, Elizabeth Graham William N. Willhide 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Richard S. Willhide Thurmont, Md. NTFRVA. BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) signed by the burial-transit p cremati ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial, Conditions if any which gave rise to immediate cause (a), DUE TO stating the underlying couse os the Page 4 may be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0) PERFORMED? for use CERTIFICATION NO 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Haur o.m. factory, street, affice bldg., etc.) While Not While of work at wark 2/13, 1967, to 5/28, 1967, that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram\_ 19 6.7, and that death occurred at 11 2 r AM, from causes and an the date stated above sow the deceased alive on 22b DATE S.GNED 22g. SIGNATURE ATTENDING MD PHYS director, page should be filed Braddock Heights, 22c PHYSICIAN'S L.R. Schoolman, M.D. NAME (Type) 23d .OCATION (City or Town) 230 BURIA., CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 5-30-67 Ihurmont Ered. United Brethren Cem-Co. 2K ALVINA CHA GIOR 2Sb REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e IS RESIDENCE ON A FARM?

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ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

22b. DATE SIGNED

(County)

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(Stote)

(Stote)

IF UNDER 24 HRS

NO V

67

YES -

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12. CITIZEN OF WHAT

COUNTRY?

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06689 CERTIFICATE OF DEATH ptsa 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Virginia Frederick MARYLAND Loudoun c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Lovettsville hed in by Fredrick Day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Frederick Memorial Hospital 3. NAME OF Middle 4. DATE Lost Month DECEASED ûF WILLTAMS May ELLEN VIRGINIA event, DEATH (Type or print) 100 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remove birthdoy) Months in any July 9, 1887 WIDOWED DIVORCED Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired)

Housewife INDUSTRY ottending physician permit. Then please Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Ellen Green David Eli Axline 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service Hospital Records No crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY CHF IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20c. TiME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While of work of work , 19 67, to 5/20 , 19 67, that (1) (we) last 21. | certify that (1) (this hospital) attended the deceased from 5/29 19 67, and that death accurred at 82-11 M, from causes and on the date stated above. sow the deceased alive an 220. SIGNATURE MED. DIRECTOR STAFF PHYS. ) ( M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Toll House Avenue, Frederick, Md. A. Austin Pearre, Jr. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify) Union Cemetery Lovettsville, Virginia 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR R. Etchison & Son, Frederick, Md pard UN 2

VR A15 (4) 20 M 1/66

24 haurs ofter death

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requires that the death certificate

attending physician

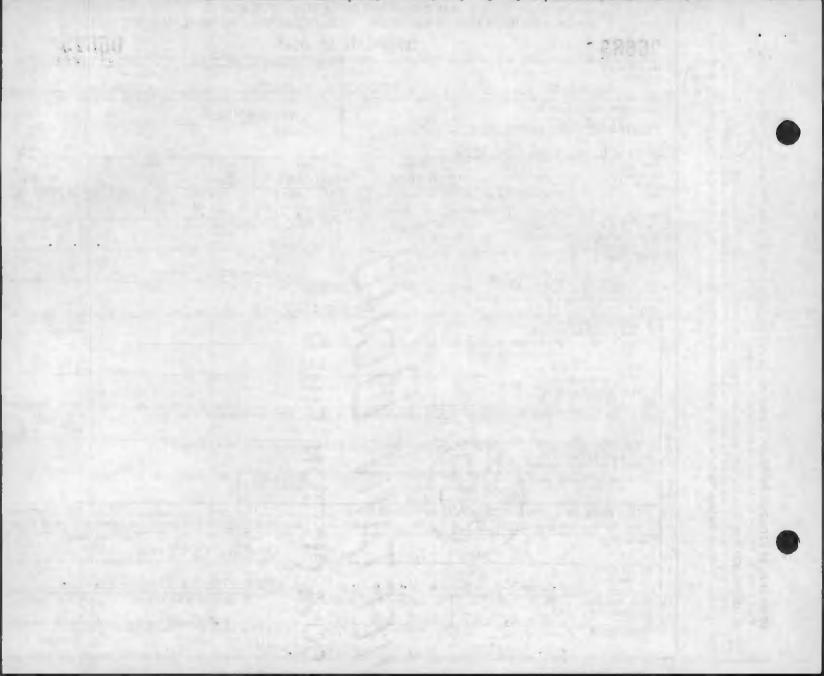
be retained by the hospital or ATTENDING PHYSICIAN:

OR

Page 4 moy b

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